Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Battimore CERTIFICATE OF DEATH Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH (For newhorn in ants give residence of mother) or town limits, write RURAL and give nearest town) City or town. How long in above place of death? 50 careful Hospital, Institution, or sieget address where deat curred: information care (If rural, give LOCATION) 2.(a) If veleran, name war..... How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 20, DATE OF DEATH MOVEM SET 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FOR 7. Birth date of deceased (mo., day, yr.) DURATION Days Months If less than one day 8. AGE: RESERVED (Town, county and state) Other conditions 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name Major findings of sperations. PHYSICIAN: Please noderline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... P Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of injury 18. Funeral director SE Address EA 23. SIGNATUR Registrar (Date rec'd by registrar)



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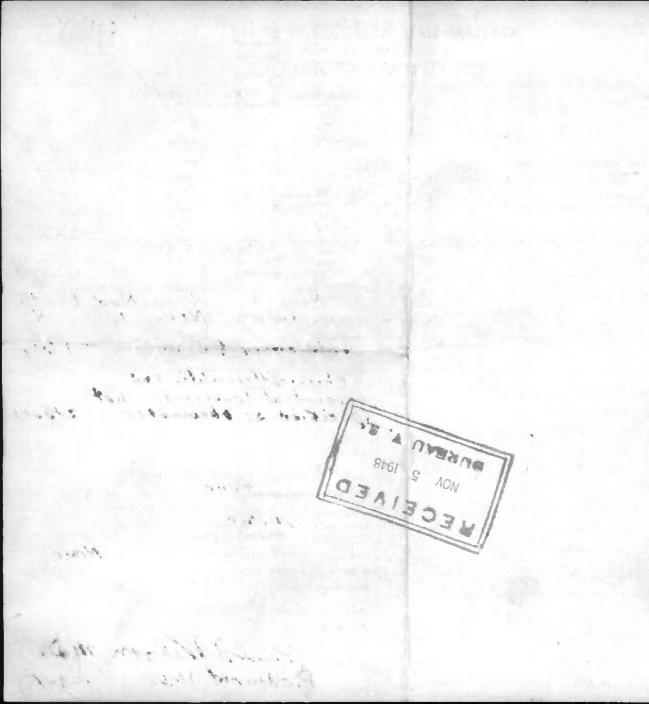
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Reg.	Dist.	No.	6

	ries St., Baltimore
CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Alle GANG County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Dominic WATSON A	12.00 d 3. (b) Social Security Number 214-07-2173
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 2D. DATE OF DEATH 2D. DATE OF DEATH 19.48 at 730
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.48 to 19.4. and that I last saw h.1. 2. 19.4.8
8. AGE: Years Months Days It less than one day Months Days It less than one day	
9. Birthplace Factor (Cown, copylty, and state) 10. Usual occupation Electronic (Town, copylty, and state)	Specified as phermatic 2/62
11. Industry or business clause Carp of Une une 12. Name Communication 13. Birthplace Demosphere of Communication 14. Industry or business clause Carp of United States of Communication 15. Industry or business clause Carp of United States of Communication 16. Industry or business clause Carp of United States of Communication 17. Industry or business clause Carp of United States of Communication 18. Industry or business clause Carp of United States of Communication 18. Industry or business clause Carp of United States of Communication 18. Industry or business clause Carp of United States of Communication 18. Industry or business clause Carp of United States of Communication 18. Industry or business clause Carp of United States of Communication 18. Industry or business clause Carp of United States of Communication 18. Industry or business clause Carp of Communication 18. Industry or business clause Carp of Communication 18. Industry of Communication 18. Industry or business clause Carp of Communication 18. Industry of Communication 18. Industr	Diher conditions
HE 14. Maiden name Ellen Michael 15. Birthplace Firm Poek, Md	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
16. Informant Harmon arnald Address Barlow, Maryland	Autopsy results
11 (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year) Cemetery or crematory	Accident, suicide, or homicide
Location Barton Md 18. Funeral director Colleward DiBool	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Desterne port, mid	23. SIGNATURE Paul Belloon M. D. or other Paul De M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICA	ATE OF DEATH	Reg. Diat. No	4
How long in above place Hospitat, institution, or	Cumb Cumb utside city or town lin of death? street address where d Memorial	ealh occurre	nd RURAL and give nearest town) d: 1 tal	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of State West Va. Company City or lown Immunos Report City or lown Immunos Report Repor	ounty Mineral SEP its, write RURAL and give	nearest town)
3. (a) FULL NAMI	3	aby B	oy Ault		3. (b) Social Securi	•
4. Sex	5. Color or race		ie, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Male	White		Infant	2D. DATE OF DEATH	17. 4	8 . 11130A
7. Birth date of	77	6.	(c) If alive, give ageye	21. I CERTIFY that death occurred on the date a	bove stated; that I attended d	leceased from
deceased (mo., day, y	r.) NOV.	14, Days	1940	Immediate cause of death		OURATION
8. AGE: Years	months	Days	hrs	Respurating 70	سيب	
1D. Usual occupation 1t. Industry or busines 23 12. Name	Eugene W.	R. Va.	Ault	Due to	3 months of death)	
14. Maiden name.	14. Malden name. Wilda McDonald W. Va.			Majnr findings of operations.		
16. tnformant Mr		McD	onald	Antopsy results		ged statistically.
Address R. D. #1 Box 12 Burlington, W. Va Burial Date thereof. Nov. 18,1948 (Burlal, cremation, or removal, Which?) Cemetery or crematory. Beaver Run Cem. Location Near Burlington, W. Va.			reof Nov 18,194 (month) (day) (year) un Cem.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
			erge		tnjured at work?	
Address	Cumbe	rland	d, Md.	23. SIGNATURE Zuller	. 13 Polu	Lever X
19. (Date rec'd by re	19.48 gistrar)	ll	A Many Regist	Address		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Injured at work?

CERTIFICATE OF DEATH Reg. Diat. No .. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) write RURAL and give nearest town Hospital, Institution, or street address where death occurred (If rural, vive LOCATION) How long in hospital or institution? 2.(a) if veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number 216-10-68264 5. Color or race MEDICAL CERTIFICATION 948 1948 at 3:30 AM 21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years If less than one day 9. Birthpiace. 1B. Usual occupation. Toos 11. Industry or business 12. Name...... 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name Major findings of operations PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following Accident, sulcide, or homicide...... Where did injury occur?(City or town) injured at home, farm, industry, public place (where?) ...

Means of Injury

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1B. Funeral director.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

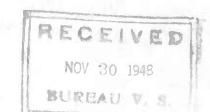
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CERTIFICATE OF DEATH

Par Dist No. 4

CERTIFICATE OF DEATH Reg. Dist. No						<i>T</i>	
. PLACE OF DEAT	TH:	egany		2. USUAL RESIDENCE ((For newborn infants a	(HOME) 0	F DECEASED:	3. 4. 4
County			***************************************	State Marykand			
City or town				D	and Camil	See Ires	
How long in above place of death?			(If outside c	ity or town limits	, write RURAL and give ne	earest town)	
ospilal, institution, or si	reet address where D. #4 Me	death occurred	d:	Street No. R.D.	# 4 Me:	xico Farms	
			reriis	•••••	(If rural, give		
How long In hospital or institution?				2.(a) If veleran, name war			
(a) FULL NAME	1					3. (b) Social Security	
	Sa		atherine Bar	rett		None	
Sex	5. Color or race	6.(a)Singl	le, married, widowed, or divorced	M	EDICAL CI	ERTIFICATION	
emale	White	W	idowed	20. DATE OF DEATH	Nov.	19, 1948	11:30
				21. I CERTIFY that death occur			
b) Name of husband or				and It	105	5 10 Min 19	19 \$
Birth date of			(c) If alive, give age	years	alive on		19
Birth date of deceased (mo., day, yr.	May 28	, 185	2	Immediate cause of death.	- T	- 20-	MOITARUG
AGE: Years	Months	Days	It less than one day	ma	mile	· of age	24
96	5	21	hrs.	min.		1	0.2
I Industry or business	Henry Ga Va.	rrisc	on.	Due to	gnancy within 3		
15. Birthplace	Unknow	n		Major findings of operations.			
	Roland xandria,		rrett	Antopsy results PHYS1CIAN: Please underlin	e the cause to w	hich death should be charge	d statistically.
Address 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Oak Wood Cemetery				22. VIOLENCE: If death was Accident, suicide, or homicide. Where did latery occur?		Dale ot	
			irch, Va.	- 11			
						Injured at work?	
3. Funeral director			George	111	SIN D	111	161
Address	Cun	nberla	and, Ma.	DO CIONATURE	CH C	uns	MOS
9. Nov. 2	1, 19 48	w	R. Trank, M.	23. SIGNATURE / 3-3	Vac	M. D Mate signer	or other /2.5



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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	FE OF DEATH Reg. Dist. No. 8
County Clif of testid fity or town Hints, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where that occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
Blanche M. B. Beaman	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, Married, widowed, or divorced Remale Thite Narried	MEDICAL CERTIFICATION 20. DATE OF DEATH MOS. 8 19.48, 217.43
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 18. 4 to 24. 8 19. 4 Intrinal flast saw h. 19. 4 Immediate cause of death DURATION Due to 25. 4. 2 Due to 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
15. Birthplace 16. Informant Address 17. Description (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director Address Add	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?



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BUNGAU V. B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Allegaby				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)			
City or town	Coole	imits, write l	RURAL and give nearest town)	City or town			
3. (a) FULL NAM			Bean				
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	-	
male	white	1	married	20. DATE OF DEATH NOV. 14th			
			enmier	21. I CERTIFY that death occurred on the date about I saw him dead19 and that I last saw h	, to Nov.	14th ₁₉ 48	
8. AGE: Yea		Days	If less than one day	Coronary occlusio	27)	at once	
65	8	17	hrsmln.	due to arterio so			
		Nebr	aska	Due to			
11. Industry or busin	ess		enter	Due to			
12. Name	Patareh	urc	.W.Va.	Dther conditions		***	
至 14. Malden nam	Frances	Allen	Marsh	(include pregnancy within a months of death)			
16. InformantMT.S	Mary G	cove(Chapman				
Address McCoole, Md. 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Queenspoint.			reot 11-16-48 (month) (day) (year)	22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	ses, fill in the following;		
1				(City or town) Injured at home, farm, Industry, public place (wh			
				Means of Injury Deputy Medical Exal			
Address	Kevser. W	.Va.		H.V.Beming	DAVA.	242)	
19. Male rec'd by	6 19 AR	Alto	ymbaker Mil	Cumberland, Me		11-14-4	



WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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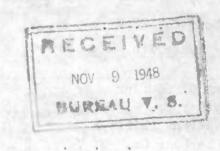
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

144 CERTIFICAT	IE UF DEATH Reg. Dist, No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Allegany Hospital How long in hospital or institution? 9 days	State Maryland County Allegany City or town Cumberland (if outside city or town timits, write RURAL and give nearest town) Street No. 505 Linden St. (if ruret, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME MRS. DOVE M. BERG	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DAYE OF DEATH
6.(b) Name of husband or wife Oscar F. Berg 5.(c) If alive, give age 79 years 7. Birth date of deceased (mo., day, yr.) April 12, 1883	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. The Bound of the State of t
8. AGE: Years Months Days If less than one day 65 7 21hrsmin.	anida Filmlatine moth
9. Birthplace Barbour Co. W. Va. (Town, county, und state) 10. Usual occupation Rousewife 11. Industry or business	Due to. Due to.
12. Name Henry C. Shaffer 13. Birthplace Tucker Co. W. Va.	Other conditions
14. Malden name Serana Phillips 15. Birthplace Barbour Co. W. Va. 16. Informani Mr. Oscar F. Berg	(Include pregnancy within 3 months of death) Major fiudiugs of operations
Address 505 Linden St. Cumberland, Md.	Autupsy results
Burial Burial Bate thereof Nov. 6, 1948 (month) (day) (year) Cemetery or crematory Hill Crest Burial Park	Accident, suicide, or homicide
Cumberland, Md.	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funerat director	Msans of injury Injured at work?
19. Md. S., 19. 48 LLA DAMPS MX. (Data ree'd by registrar)	23. SIGNATURE Some Standard M. D. or other Address. 4 Sunt Date signed W. S. C. S.



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MARYLAND STATE DEPARTMENT OF HEALTH

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2411	N.	Charles	St.,	Baltimore

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PLAINLY, WAPH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

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	Reg. Dist. No.	

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Allegany
City or fown Rural near McCoole (If outside city or town limits, write RURAL and give nearest town)	City or town Rural near McCoole (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, institution, or street address where death occurred:	Street No. R. F. D. 3Keyser, W. V. E.
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	214-14-7991
Thomas Anderson Carr 4. Sex 5. Color or race S. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH NOV. 30, 19+8
ALCO MILLON	
6.(6) Name of husband or wife. Leota F. Kimble	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h/ M. alive on Nova 27 19 48
deceased (mo., day, yr.) Sept. 21, 1924	Immediate carried death Uterned DUR TG DURATION
8. AGE: Years Months Days It less than one day	Chrinic Nephritis I Neek
24 2 9hrsmln.	
9. Birthplace Red Creek V. V. (Town, county, and state)	Chronic Nephritis 11 Years
10. Usual occupation	
11. Industry or business W. Ve. Pulp & Paper Co.	Due to
	Other conditions Hypertension 1 Pear
12. Name Martin Carr 13. Birthplace Tucker Co. W. Va.	
# 14. Malden name Margaret Carr	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiedioge of operations
14. Maiden name Mergeret Cerr 15. Birthplace Tucker Con W. Va. 16. Informant Mrs. Leote F. Cerr	Oate of op.
	PHYSICIAN: Please ooderline the caose to which death should he charged statistically.
Address R.F.D. #3, Keyser, W. Va.	22. VIOLENCE: It death was due to external causes, fill in the following: None
17. Burisl remation, or removal. Which?) (Burisl cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Waxler	Where did injury occur?
Location Near Danville, Md.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Rogers Funeral Home	Maens of injury Injured at work?
Address 85 S. Main St. Keyser, W. Va.	Rula Milon M.D.
0 - 000 110 0 3000	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Piedmont W. Vo. Date signed 12 = 2 - 48

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ADING INK. Supply every item of information carefully. The capture of death clearly and legibly.

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MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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1. PLACE OF DEAT		1		2. USUAL RESIDE	NCE (HOME) OF	DECEASED	•	
City or town (If outside city or town limits, write RURAL and give nearest town)			State Maryland County Allegany					
City or town(If out	tside city or town lir	nits, write R	URAL and give nearest town)		Cumberland	//	0	
How long in above place of	How long in above place of death? 40 Years Hospital, Institution, or street address where death occupied.							
Hospital, Institution, or st	Rt 6, Substitution of street address where death occurrence of the street of the street of the street occurrence of the street occurrence of the street occurrence of the street occurrence occurrence of the street occurrence occurre			Street No	Route 6.	LOCATION)	u For	a ruine
How tong in hospital or li	F1 4 7 -11 11 -11 -11			2.(a) if veteran, name w				
3. (a) FULL NAME						3. (b) Soc	ial Security	Number
5. (a)	Laura	Virgi	nia Clark			Non		
4 Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced		MEDICAL CE	RTIFICA	TION	
Female	White		Widow	20. DATE OF DEATH	November	28	19.48	,al10-30A M
6.(b) Name of husband or	wife. Joh	n Clar	k	1	h occurred on the date abo			
	4	6.(6	c) If alive, give ageyears		19			19
7. Birth date of deceased (mo., day, yr.)	Mama	h 9 1			ative on	ils		DURATION
8. AGE: Years	Months	Days	If less than one day	Immediate cause of the	- mic	ulas	۷	Juns.
73	8	19		Pana	O Later	as a		
9. Birthplace Bart	ton, Alleg	any Co	, Maryland.	Due to				•
10. Usual occupation		House)	Pun de			******************	
11 Industry or business		11		Due 10	.48000000000000000000000000000000000000			
当 12. Name	Jacob S	chrive	r	Other conditions				**********************
13. Birthplace		nown			de pregnancy within 3 n	months of deat		
H 14. Maiden name	Eliza I	azenba	ker		ations			
14. Maiden name 15. Birthplace		nown			a tions.			
16. Informan1	Mrs James	Johnso	n	Aniopsy results	nderline the cause to wi	hich death show	ld he charged	statistically.
Address Rt	6. Cumber]				th was due to external cau			
17 Buria, Gremation,	or removal, Which?)	Oate ther	eof	Accident, suicide, or ho	omlcide			
			Cemetery	Where did tojury occur	?(City or town)	(Co	unty)	(State)
Location	Chun	berlar	nd, Md.		industry, public place (w	here?)		
		H	. Kight	Means of Injury	7	Injure	d at work?	
Address	C umber				taken 11	Tol	1/260	ma
19 Nov. 3	20 19 48	War	te R Ind Med Registrar	23. SIGNATURE	ndman 1	2/1	M. D.	or other 11.29.44
(2000 100 0 2) 108				11/				



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	(For newborn infants give residence of mother)
County	
City or town	State And County
How long in above place of Yearh?	(If enterior city or town limits, write RURAL and two nearest town)
Hospital, institution or street address where death oppurred:	Street No. Detrarata Stille
Setword Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
James Grederick Clups	179-03-4945
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH. 11 / 2.6 1948 2112 PM
6.(b) Name of bushand or wife harney fame to the fastery	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 4-	11/26 1948 10 11/26 1948
7. Birth date of Case T. Birth date of Case	and that I last saw h Arth alive on 11 125 1948
deceased (mo., day, yr.) May (1.17)	
8. AGE: Years Months Days If less than one day	Immediais vausopof death DURATION
74 6 9nrsmin.	Rulmonary Almondage
	2// 0
9. Birthplace Lenal Man Long and atate)	of a liptimed liftond treased
10. Usual occupation Deathers with	01
11. Industry or business manual and boat to	Thought to have had the breause of
12 Name anthony talusp	Other conditions caugh "luy trouble" a profuse soutum.
12. Name Coth for y to lump to 13. 8 irthplace Clubur From	Had started bleeding orally a day before death but had
	(Include pregnancy within 3 months of death) refused medical aid.
14. Maiden nam Mary Sartina Halterkann	Major fieddings of operations
2 15. 8irthplace Sternary	Oate of op.
min Pauline Brooks	Actorsy results.
16. Informant 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Lingaroning Ma	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Date thereof Mor. 305/9K	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Italian Cemetery	Where did Injury occur?
The land out Out!	Injured at home, farm, Industry, public place (where?)
Location Control of Co	Means of Injury Injured at work?
18. Funeral director Th. Guchlana	() ()
Address Tomacomman Al	W. CENTER TO MAN
20 12 1 16 H VATA 1	23. SIGNATURE M. D. or other
19 / Co St 19 48 Januelle M Goal (Date ree'd by registrar) (Date ree'd by registrar)	appleoneren NJ Date signed 11 159 145
(Date tee a n'y tekintint)	The state of the s



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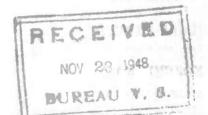
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MARYLAND STATE DEPARTMENT OF HEALTH

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CEDTIFICATE OF DEATH

		TE OF DEATH	/	4
	CERTITICA		Reg. Diat. No	
1. PLACE OF DEATH: ALLEGANY		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED: f mother)	
ounty		State MARYLAND Co	ouoty ALLEHA!	NY
(If outside city or fown	hints, write RURAL and give nearest town)	City or town CUMBERLAND	its, write RURAL and give ne	most town)
ow long in above place of death?	e death occurred:			
MEMORIAL	HOSPITAL	Street No417N. CENTRI	re LOCATION)	***************************************
	-DAYS	2.(a) If veteran, name war		
3. (a) FULL NAME			3. (b) Social Security	Number
EDITH L			1 Tone	
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
FEMALE WHITE	MARRIED	20. DATE OF DEATHNOV15	19.48	,at 2:40
5.(b) Name of husband or wife	RIES LICOLIEY	21. I CERTIFY that death occurred on the date a	bove stated; that I attended dece	ased from 11/
D.(O) Name of messame of wife	6.(c) If allve, give age	19) to	5195
7. Birth date of deceased (mo., day, yr.) DEC	EMBER 19.19 /891	and that I last saw h	11-14-	197
8. AGE: Years Months	Days If iess than one day	Immediate ause of death		DURATION
56 /0	3-6	Henro	rkoer	
manuland	. Cumberland, alle	& Charles		11/12/
(Town	n. county, and state)		V	
10. Usual occupationHOUSEW.I	FE	Due to		
11. Industry or business			***************************************	
12. Name JOHN FIS	HER	Other conditions		
	, Cumherlana	(Include pregnancy within	3 months of death)	
14. Maiden nameKOEGEIM 15. Birthplace MARYLAND	ARY	Major findings of operations	321.R	
15. Birthplace MARVE AND	, Cumberland		Date of op	
16. Informant MEMORIAL	HOSPITAL	Autopsy results.	22_	
Address CUMBERT. A	ND MD	PHYSICIAN: Please noderline the cause to		statisticany.
17 Burial	Date thereof Ab. J. J. J. Q. 4 (month) (day) (year)	22. VtOLENCE: tf death was due to external c Accident, suicide, or homicide		
(Burial, cremation, or remogal, Which	(month) (day) (year)			
Cemetery or crematory	New Management	Where did Injury occur?		(State)
Location	slaga & for him	Injured at home, farm, Industry, public place	(where?)	
18. Funeral director	Steen, Suc	Means of Injury	injured at work?	
Address aumh	esland ma.	Mr.	J. Willi	ans
Mad 15 4	8 long tout m	23. SIGNATURE	M. D.	or other
(Date rec'd by registrar)	Registra	Address & Musikey Ca	Date signed.	1/10/



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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 Dis.	P.T -			-7	

1. PLACE OF DEATH: County ALLEGANY CUMBERLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State PENN. County BEDFORD
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	Street No.
menonal I DAY	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM D. COOK	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH. NOVEMBER 18 19.48 , 219:30 I
6.(b) Name of husband or wife JESSIE JORDON	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) If alive, give age	ang 2 1948 10 Mon /8 194
7. Birth date of deceased (mo., day, yr.) 8-8-83	and that I last law h last law h on Ouration
8. AGE: Years Months Days If less than one day	Immediate cause at death OURATION
65 3 10min.	
9. BirthplaceBEDFORD., PA (Town, county, and state)	Due to Spalexy
(Town, county, and state) 10 Usual occupation. RETIRED ENGINEER	<i>J. J. J. J. J. J. J. J.</i>
10. 00001	Due to
11. Industry or business B. &. O. R.R.	
THEODORE COOK 13. Birthplace BEDFORD, PA.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. MARY ELLEN TIPTON 15. Birlhplace PENNSYLVANIA	Major fiadiags af aperatiaas
9 15. Birthplace PENNSYLVANIA	Date of op.
16. Informant	A atonsy results
ACCIONATAR ATTO	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2016	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof points (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. The reducer 6 em	Where did Injury occur?
Location Byndman Pa	Injured at home, farm, Industry, public place (where?)
Ochura End Soul	Means of Injury Injured at work?
18. Funeral director	TB 4:0-91 + and
Address Carter Carte	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar)	Address Cumberland Hd Date signed 4 1/9/42

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly.

The cerrect

15 9-45-15M

PLEASE WRITE

VS A15 9



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11013

CERTIFICATE OF DEATH

leg. Diat. No.

/	****						Reg. Dist. No	
1. PLACE OF DE.	ATH:	47700	MTC	2. USUAL R	RESIDENCE (HO	ME) OF DEC	EASED:	
County		Allega	rtth		State Maryland County Allegany			
City or fown				Cumb				
Hospital, Institution, or street address where death occurred: Allegany Hospital				ar 134 Rey	nolds St	reet		
			î Sar			ural, give LOCA	TION)	
	r Institution?	Je	.y.s.	1 2.(a) If veteran	n, name war			
3. (a) FULL NAM		Blanc	he Cross				(b) Social Securit 34-38-7754	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	1	MEDIC	CAL CERT	FICATION	
Female	White		Married	20, DATE DE DE	ATH Nove	mber 2	5 19 48	at 7-45 A
6.(b) Name of husband	or wite Oscal	r Cross	3	21. I CERTIFY 1	that death occurred on t	he date above state	ed; that I attended de	aceased from
			r) If alive, give age	years Lu	saw h D. alive on	Tho	J 25	25 19
7. Birth date of deceased (mo., day,)	yr.) Januar	y 15 19	914	Immediate paus				DURATION
8. AGE: Years	Menths	Days	If less than one day	Tul	hered 6	rook	u ·	
34	10	10	hrs,	min. Weles	with	yours	A Tireba	Is 4day
9. BirthplaceFl.	7	Allegal county, and Naitre:	ny Co, Maryland	Due to				
11. Industry or busines	747.1 2	r Hesta	urant	Due to	***************************************			
	Jesse (Dther conditions	S			
12. Name	Beans	Cove,	Pa		(Include pregnancy			
	Viola E	lliott			CE	within 3 months	-Cu Lu	eles con
14. Maiden name.	Bean		Pa	Major	of operations	1	Bate of on	-22-X
16. Informant	Occor C			Autoray result		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		lds St	Cumberland, Md	PHYSICIAN: 1	Plesse underline the c			ed statisticslly.
	rial		eof 11/28/48 (month) (day) (year	22. VIOLENCE Accident, suick	E: If death was due to t de, or homicide		Date of	
Cemetery or cremat	on Hil	1 Cres	t Cemetery	Where did Injur	y occur?(City	or town)	(County)	(State)
Location	Cui	mberla	nd, lid.		e, farm, Industry, public			
				Means of injury			Injured at work?	^
		berlan	ight	14		7	1	111
Address			1 / 5	23. SIGNATURE	E Your		M	D, or other
19. (Date rec'd by re	7 19 4 2	K. W.	A- orally Reg	istrar Address C	Lueber	long	Date sign	ed/1626 X

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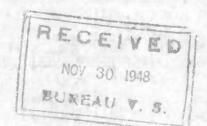
WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

9-45-15M

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2411 N. Charles St., Baltimore

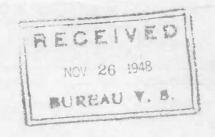
CEPTIFICATE OF DEATH

Ren	Dist.	No
Meg.	DISC.	140

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Spirite - Marylandcounty allegans
(If outside city or town limits, write KURAS and give nearest town)	
How long in above place of death? 4 danys	Only or town. Might be Caro as Many July John Williams of
Hospital, institution, or sireet address where death occurred.	Street No.
Miners Hospital trosling, Ma	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Plany Diavis	3. (b) Social Security Number
4. Sex 5. Color of face 6.(a) Single, married, widowad, or divorced	MEDICAL CERTIFICATION
Female It thite Widowed	20. DATE DE DEATH. NOV. 21 19.48 at 12, 15 PM
6.(b) Name of husband or wife Leve Dania	21. I CERTIEV that death occurred on the date above stated; that I allended deceased from
	and that I last saw h. C
7. Birth date of deceased (mo., day, yr.) 8000 1 1865	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Cache Fa Jupar
83 0 20hrsmin.	
9. Birtholace South Wales	Due to.
(Town, county, and state)	cancer of treast 3 years
10. Usual occupation A wase In mk	Due to
11. Industry or business Own from	
12. Name Unknown 13. Birthplace Wales	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Unknown	Major findings of operations
14. Maiden name Cunknown 15. Birthplace Unknown	Major findings of operations. Date of op.
16. Informant mis Role Deat	Autopsy results.
n i	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Thrights Crossinghas throstlangs	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date hereof M.J. (month) (ddy) (year)	Accident, suicide, or homicide
Cemelery or crematory Allegany Connectery.	Where did injury occur?
Location - Frankling PMA	tnjured at home, farm, industry, public place (where?)
022 84 0	Means of injury injured at work?
18. Funeral director A. M. C. A. C.	10000
Address Jon aconing Alla	23. SIGNATURE Adolfwelle M. D. or other
19. 11-23 (Date ree'd by registrar) 1948 Muy Haucy X Registrar	Address + College Date signed //- 23-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



(Date rec'd by registrar)

luk. Frank

Registrar

Address

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11015

M. D. or other

.. Date signed 11-6-48

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State County City of County (If outside city or town limits, write RURAL and give nearest town) Streel No
3.(a) FULL NAME Calvin Edwin Deal	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH November 5 19.4%, 21 10 45
6.(b) Name of husband or wife . Targaret Lengart 6.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Moul 3 19 48 to Mortulus 5 19 48 and that I last saw h = alive on Mortulus 4 19 48 Immediate cause of death DURATION 2 Mortulus 2 Mortulus 4 2 Mortulus 4 2 Mortulus 5 19 48
9. Birthplace Deal, Somerset Co. 73. (Town, county, and state) 10. Usual occupation Retired 11. Industry or business Gas & Oil Alealer	Due 10. Activachurlic heart / year Due 10.
12. Name Edwin Deal 12. Name Edwin Deal 13. Birthplace Laring Propley 14. Malden name Nancy Lepley 15. Birthplace Laringer Turope, Pa.	Other conditions (Include pregnancy within months of death) Major fiedings of operations
16. Informant tarry C. Deal Address Rt. 1, Eumberland, Md. 17. Burial Company Date thereof Hovenhar 7, 1948 (Burial Cremation, or removal. Which?)	Autopsy results PHYSICIAN: Prease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes fill in the following: Accident, suicide, or homicide
Location Teyers dale Union Cometery Location Teyers dale Tay 18. Funeral director Jahres J. Hafre Ludy Address Color Dulad, Ludy	Where did Injury occur? (City of town) (County) (State) Injured at home, farm, industry, public place (where?) Msans of Injury Injured at work?

information carefully. The correcting of death clearly and legibly. item of i RESERVED FOR BINDING ADING INK. Supply every if MARGIN WITH UNF especially PLAINLY, is especially

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An activities was in a



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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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DR TOPPER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11016

CERTIFICATE OF DEATH

eg. Diat. No.

		021111110111		Reg. Diat. 140
1. PLACE OF DI	ALLEGANY		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town		State BUFFALO MILLS County BEDFORD City or town PENN. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, o	MEMORIAL	death occurred:	Street No(If rural,	
3. (a) FULL NAM				3. (b) Social Security Number
J. (4) 10 LL MAIN	ELMER S	DIVELY	100 m CA	J. (O) Docial Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
MALE	WHITE	SINGLE	20. DATE OF DEATHNOV 2	19.48 at 4.72
6.(b) Name of husban	d or wife		21. I CERTIFY Ihal death occurred on the date	e above stated; that I attended decreased from
7. Birth date of			and thal I tast saw h Amalive on	
deceased (mo., day.		Days If less than one day	Immediate cause of death	DURATION
50		9hrsmin.	i i i i i i i i i i i i i i i i i i i	romack 10 mo
9. Birthplace	(Town,	county, and state)	Toue to	
		PRINGFIELD TIRE CO.	Due to	
11. Industry or busine	DIVELY	HENRY	Other conditions	
13. Birthplace PA			(Include pregnancy with	in 9 months of death)
14. Malden nameHOCHSETTLERALICE			Major findings of operations	
∑ t5. Birthplace	PA			Date of op
16. Informant	MEMORIA	L HOSPITAL	Antopsy results	
Address	OIII MENT	MARYLAND	PHYSICIAN: Please underline the cause	to which death should be charged statistically.
B COMBERSAND 22			22. VIOLENCE: tf death was due to externa Accident, suicide, or homicide	
Cemetery or crematory LOOF				wn) (County) (State)
Location	Serly	Na.	tnjured at home, farm, Industry, public plac	e (where?)
tB. Funeral director.	Ma. 4	hysic	Means of Injury	tnjured at work?
Address Berlin Fa. 23. SIGNATURE Topser In				Jopper m
19. (Date rec'd by 1	3 19 48	W.K. Daus M.D. Registrar	Address Styll Son	an & Date signed 11. 3.48

ELOUTS STRUCK



TOTAL ACTORNAL THEORY

MARYLAND STATE DEPARTMENT OF HEALTH Dr Paul R. Wilson

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

93d 11(1)7 Reg. Dist. No. 6

1. PLACE OF DEATH: County Allegany City or town McCoole	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother) State	
City or town	City or town	
3. (a) FULL NAME THOMAS ALFRED DUCKWOR	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. NOVEMBEY 19 1948 1920 a m	
S.(b) Name of husband or wife. Minnie Rose Barnard Duckworth 5.(c) It alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 19.7 0. 10. 19.7 0.	
The late of General Control of of	Immediate cause of death Pulmonary Edoma 1 Day	
9. 6irthpiace Stoney Run, Allegany, Maryland Town, county, and state) 10. Usual occupation Farmer	Myrosydial Deganoration Not 3 Hass	
11. Industry or business 12. Name	Diher conditions (Include pregnancy, within 3 months of death)	
14. Maiden name Goldie C. Wilt 15. Birthplace Allegany Co., Maryland 16. Informant Harry Duckworth	Major findings of operations. AUNR Bate of op. Aotopsy results.	
Address McCoole, Maryland 17 Burial (Burial, cremation, or removal, Which?) Cemetery Philos Cemetery Westernport, Maryland	PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: tt death was due to external causes, till in the following: NONR Accident, suicide, or homicide	
Cemelery or crematory Philos Cemetery Westernport, Maryland 18. Funeral director Ellsworth S. Boal	Where did injury occur?	
18. Funeral director Mesternport, Maryland 19. 10. 2 18. Graywaser Miles (Date ree'd by registrar) 19. Registrar	23. SIGNATURE SCHOOL W. D. or other Address Predment, W. V. Bate signed 11-20-48	

The state of the s White y Elman Horitica France 1 RECEIVED DEC 2 1948 MINEAU Y. B. But of the South President letter 19-5-48

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11018

CERTIFICATE OF DEATH

Reg. Diat. No.

	105, 17111 (10, 1111)	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
City or fown. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 106 Polk St.	stateMdCounty Allegany	rest town)
How long in hospital or institution?	. 2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
Mrs. Reatha Mand Durr 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female white Widowed	20. DATE OF DEATH NOV. 24 19 4.8	.at 1 P. m
6,(b) Name of husband or wife Edward A. Durn	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from
	19 10	
7. Birth date of deceased (mo., day, yr.) July 27- 1886 1884	and that t last saw h. er all uDead Nov. 24	
8. AGE: Years Months Days If less than one day	Chronic myocarditis	
646至 3 27hrsmin		
9. BirthplaceElkins W. Va. (Town, county, and state) 10. Usual occupation. Housewife	hypertention	*************
11. Industry or business Own home		
12. Name William D.Scott		
Z 13. Birthplace Elkins W.Va.	(Include pregnancy within 3 months of death)	
14. Malden name. Elizabeth Apperson 15. Birthplace Richmond Va. 16. Informant Mrs. Rernice Little (daughter.)	Major findings at aperations	
≥ 15. Birthplace Richmond Va.	Date of op	
	Autupsy results	statistically.
Address 106 Polk St. Cumberland Md. 17 Burial (Burial, cremation, or removal, Whieh?) Cometery or crematory Hillereas Burial Park	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Gum Serland, Md.	Injured at home, farm, industry, public place (where?)	
	Means of injury injured at work?	
18. Funeral director for the first for the f	Beputy Medical Examiner - Alle	gany Oa
19. Nov. 27, 1948 W. R. Jans, M.	23. SIGNATURE H. V. Deming M.D. H.V. 2.	
(Date ree'd by registrar) Registra	Address Cumberland Md. Date signed	11-64-40

NOV 30 1948 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

11018

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Allegany City or town Frostburg Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? about 27 PS. Hospital, Institution, or sirety address where death according to the state of the	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Allegany City or town Frostburg Md. (If outside city or town limits, write RURAL and give nearest town) Streef No. 6 Grant St. (If rural, give LOCATION) 2.(a) It veteran, name war. World War I
3. (a) FULL NAME	3. (b) Social Security Number
Charles K. Dyche	214-05-4420
Charles K. Dyche 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Married	20. DATE OF DEATH 1/ - 25 19 48 21 3 1/2. M
6.(b) Name of husband or wife Thelma Phillips 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) February 28, I90I 8. AGE: Years Months Days If less than one day 47 8 27 hrs. min. 9. Birthplace Magnolia W. Va (Town, county, and state) Truck Driver 10. Usual occupation Truck Driver 11. Industry or business Celanese Corp. of Amer Ellipselle Industry or business Celanese Corp. of Amer Ellipselle Industry or business Md. Ellipselle Maiden name. Bessie M. Whorrell Birthplace Bard, Pa. 16. Informant Wife Address 6 Grant St. Frostburg, Md. Burial Burial Date thereof. Nov. 28, 1948 (month) (day) (year)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. to 19. 48. 19. 48. to 19. 48. Immediate cause of death. DURATION Survey Due to Due to Dither conditions. (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Date of
Cemetery or crematory Allegany Cem. Frostburg, Md	Where did injury occur?
Location Frostburg, Md.	Means of Injury Injured at work?
18. Funeral director James F. Scarpelli	, ,
Address Cumberland, Md. 19. Nov. 27. 18 48 Www. Maucy W. Registrar (Date rec'd by registrar)	23. SIGNATURE School Deference M. D. or other Address Frotlewing Med Date signed 1/- 15-42

RECEIVED

NOV 30 1943

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

			CERTIFI	CATE OF DE	JA	111	Reg.	Dist. Not J	
1. PLACE OF DEA		Allega	iny	(For newho	orn in	ENCE (HOME) OF	nother)		
City or town(If ou	Cumberla	nd	RURAL and give nearest town			land cour Cumberland			
How long in above place of death? 6 Hours Hospital, Institution, or street address where death occurred: Allegany Hospital					City or Mocal Cumberland Kulla (If outside city or town limits, write RURAL and give nearest town) Street No. Rt 1.a. (If rural, give LOCATION)				
How long in hospital or					ame v	war			
3. (a) FULL NAME				7			3. (b) So	Thore	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	1	_	MEDICAL CE	RTIFIC		THE EAST
Male	White		Single			November	22	19.4.8	
6.(b) Name of husband of 7. Birth date of deceased (mo., day, yr	*************************	6.(c) If alive, give age	years and that I last saw	ر	th occurred on the date abo 2 19 alive on	78 10	ur n	2219 85
8. AGE: Years	Months	Days	If less than one day	Immediate cause	,Q.,	crawid he	moule	- کو	6 times
	(Town,	eounty, and		***************************************		the injury	***************************************	400100000000000000000000000000000000000	
10. Usual occupation 11 Industry or business									
12. Name	Ea. Cumb		Eaton			ude pregnancy within 3 m		/	
14. Malden name						rations	/		
\$ 15. Birthplace	Pre	ston,	W. Va.					nle of ap	
16. Informant	Earl F. E	aton	***************************************			underline the cause to wh	/		statistically.
17 Bur	ial or removal. Which?	Date the	reof 11/24/48 (month) (day) (ye	ar) Accident, suicide,	or h	ath was due to external cau		Date of	***************************************
			emetery			(City or town)	/		(State)
			. bud .	Injured at home, f	2rm,	Industry, public place (wi		ed at work?	******************************
	Willia Cumb		ight	means or mary		1 m		~	
Address 19. Mod. J (Date rec'd by reg			e trans	23. SIGNATURE	2	J. Sum,	nio	M. D.	or other 11-23-4



2----

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11021
Reg. Dist. No. 4

		7
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State Md. County Allegany	
How long in above place of death? about 5 minutes	City or town	t town)
Hospital, institution, or street address where death occurred:	Street No. R.F.D. Williams Rd.	
Corner of Williams & Baker St.	(If rural, give LOCATION)	
How long In hospital or Institution? Dead on arrival, Memoria		
3. (a) FULL NAME	3. (b) Social Security Nu	mber
Robert Immanuel Eshbaugh 4. Sex . 5. Color or race 8. (a) Single, married, widowed, or divorced	214-05-6537	
4. Sex . 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	2D, DATE OF DEATH NOV. 4 11 19.48 al	6.50A
6.(b) Name of husband or wifeDamieLillerEshbaugh	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	
7. Birth date of	and thall last saw h im all bad Novt 11	19 4.8
deceased (mo., day, yr.) July 28-1882	Immediate cause of death	DURATION
8. AGE: Years Months Days tt less than one day 66 3 I3hrsmin.	Coronary vascular occlusion	at onc
9. BirthplaceJefferson Co. Pa. (Yown, county, and state)	Due to arteriosclerosis	
1D. Usual occupation Labor		•••••
D 0 0 D D	Due to	
	Other conditions Diabetes & hypotention	2 vrs.
12. Name David Allen Eshbaugh 13. Birthpiace unknown		Zy.I.S
	(Include pregnancy within 3 months of death)	
E STATE OF THE STA	Major findings of operations	
	Date of op.	
16. InformantMrsWalterHouser	Autopsy results	tistically.
Address I24 Arch St.	22. VIOLENCE: It death was due to external causes, till in the tollowing;	
17 Burial Date thereot Nov. 15 1948 (month) (day) (year)	Accident, suicide, or homicide	,
Cemetery or crematory Davis Memorial Cem.	Where did injury occur?(City or town) (County) (S	State)
LocationCumberland Md.	Injured al home, farm, Industry, public place (where?)	
18. Funeral director James F. Scarpelli	Meens of injury Injured at work?	
Address Cumberland, Md.	Deputy Medical Examiner - Allega	
	23. SIGNATURE H. V. Deming M.D. H.V. D. M.D. S.	7 M.O.
19. No. 12 19. 48 W.A. Frank, M. D. (Date rec'd by registrar) Registrar	Address Cumberland Md. Date signed 1	1-11-48

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NOV 16 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11022

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME William Ewald	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male white married. 8.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Sirth date of deceaeed (mo., day, yr.) 8. AGE: Yeare Monthe Days If leee than one day 14 hrs. min. 9. Sirthplace Man. Savage Collegace Man.	and that I last saw h and ative on Surviva 23 19 4 8 Immediate cases of death DURATION 3 10 2 3 19 4 8 DURATION DURATION
10. Usual occupation. Meeting tendent Thatise Fourier 11. Industry of Justinese C. & P. R. Co. 12. Name Once Eural of The Transfer of The Tr	Other conditione (Include pregnancy within 3 months of death)
14. Maiden name Margaret Jeustel 15. Birthplace 18. Interment Margaret Ewald	Major fiadiogs of operations
Addrese 17. Sureal (Burial, cremation, or removal, Whigh) Daily thereof. 1007. 26. 1948 (Burial, cremation, or removal, Whigh)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Davide Manage Model. 18. Funeral director.	Injured at home, farm, industry, public place (where?) Meane of injury Injured at work?
19. Cost 26 19 48 Vernis resleruit Registrar	Address Date eigned Long Date eigned Long Date of Date

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NOV 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

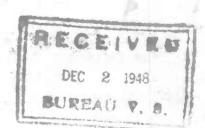
Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Carlos Md.	State Md. County Allegany
City or town. Carlos Md. (If outside city or town limits, write RURAL and give nearest town) Thour	
Now long in above place of death?	City or town. Grahamtown (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war World War 2
3. (a) FULL NAME	
	3. (b) Social Security Number 213-05-7157
Joseph E • Fatkin 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH
6.(b) Name of husband or wife Nellie Plummer Fatkin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of November 17 1908	and that I last saw h im aiDead Nov. 26 19.48
7. Birth date of deceased (mo., day, yr.) November 11, 1908	
8 AGE: Years Months Days It less than one day	Acute dilatation of the heart at
40 0 15hrs.	once
Shaft, Allegany, Maryland	Due to Over-exertion
9. Birihplace Shaft, Allegany, Maryland (Town, county, and state)	
10. Usual occupation Bus driver	Due la.
11. Industry or business C. & W. Transit Co.	
# 12. Name Jo John Fatkin	Dther conditions
12. Name JoJohn Fatkin 13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Maiden name Catherine Chapman	(Include pregnancy within 3 months of death) Major findings of operations
14. Maiden name Catherine Chapman 15. Birthplace Elk Garden, W. Va.	Major findings of operations. Date of op.
16. Informant Mrs. David Middleton,	
10, inturmant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Frostburg, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof Nov. 29 1148 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Allegany Cemetery,	Where did injury occur?
Frocthurg Md	Injured at home, farm, industry, public place (where?)
Edderion street	
1B. Funeral director. J. R. Durst,	
Address Frostburg, Md.	23. SIGNATUREH. V. Deming M.D. H.V. Deming
10 U- 29 1947 Me Havey N. Rose	
(Date rec'd by registrar)	Address Cumberland Md. Date signed 11-27-48

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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correct age



WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

PLAINLY, W

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Allegany City or town Cumberland Md (If outside city or town limits, write RURAL and give nearest town) How long In above place of dealh? Hospital, institution, or street address where death occurred. How long In hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Baby Feathers, MAUDE	ARLENE 3. (b) Social Security Number
4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced Female white single 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Nov. 6-1948 8. AGE: Years Months Days If less than one day 5 mund	and thall last saw h.er all Dead Nov. 6 19.48. Immediate cause of death DURATION Spontaneous seperation of the abou
9. BirthplaceCumberland Allegany Md. 10. Usual occupalion	Due to. 5 min. Due to. 5 min. Due to. 5 min.
11. Industry or business 12. Name Garland Henry Feathers 13. Birthplace Terra Alta W.Va 14. Maiden name Durst 15. Birthplace Cove Md.	Other conditions
16. Informant. Darland Frathers Address 7 Harrison Di. Cumbriland.	Autopsy results
17 Burial Cremation, or removal Which?) Cometery or crematory Comberland Md	Accident, suicide, or homicide
18. Funeral director. Shan C. Wolford Address 126 5 Liberts St 19. October 19 4 8 W.R. Janua M.D. (Date ree'd by registrar) Registrar	Means of Injury Deputy Medical Examiner - Allegany Oc 23. SIGNATURE H. V. Deming M.D. H. D. or other Address Cumberland Md. Date signed 1117-48

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NOV 16 1948

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information carefully. The coffeeth clearly and legibly.

ADING INK. Supply every item of Physicians: please write the causes

PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Alle	gany	••••••	State Maryland County Allegany	
City or town	erland	URAL and give nearest town)		
How long in above place of death?	86 Yrs		City or town Cumberland (If outside city or town limits, write RURAL and give near	est town)
Hospital, institution, or street address w	here death occurred		Street No. 330 Beall St.	
330 Beall St			(If rural, give LOCATION)	
How tong in hospital or Institution?			2.(a) If veteran, name war	
3. (a) FULL NAME			3. (b) Social Security N	umber
N The second of	sry Ros	sworm Feidt	None	
4. Sex 5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White	Wi	dowed	20. DATE OF DEATH Nov. 6, 19. 48	at M
6.(b) Name of husband or wifeW.1.	74cm U	Tatat	21. I CERTIFY that death occurred on the date above stated; that I altended decease	ed from
A. S.			Past ten Years 10 38 to Nov. 5	19. 48
7. Birth date of	6.(0) If alive, give ageyear	and that I last saw h. er alive on November 5, Uremia	19 48
deceased (mo., day, yr.) Oct.	15, 186	2	Immediate cause of death Uremia	
8. AGE: Years Months	Days	It less than one day		4 days
86 0	21	hrs min		
9. Birthplace Cumber (T			Due to. Chronic Nephritis	10 Yrs.
1D. Usual occupation. House	wife		Due to.	
11. Industry or business			Due to	
	Bosswan	m	Dither conditions	
		dok &		
∑ 13. Birthplace Ge	cms ny	- 3 2 +-	(Include pregnancy within 3 months of demth)	
		sirdt	Major findings of operations.	*************************
2 15. Birthplace Ge:	rmany		Date of op	
16. Informant Mrs. Cha.	s. Winel	renner	Autopsy results	
· ·		perland Md.	PHYSICIAN: Please underline the cause to which death should be charged s	tatistically.
			22. VIOLENCE: tf death was due to external causes, fill in the following:	
17. Burial (Burial, cremation, or removal, W	Date there	eot Nov. 9, 1948 (month) (day) (year)	Accident, suicide, or homicide	
d d	3. Peter	c & Paul	Where did Injury occur?	(State)
Location Cumberland Md.				
			Means of Injury this work?	
18. Funeral director. Charl	eg L. Ge	corge	meens of injury	
	nberland		AN Produced	
Notices -		1 part m		wother *
19. (Date rec'd by registrar)	1 10	7) - C/CCCC3 Registrs	Address 41 Green Street, Cumberland Date signed	11/8/48

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NOV 16 1948

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CERTIFICA	ATE OF DEATH Reg. Dist. No. 1
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powborn infants give residence of mother) State County County City or town (1f outside city or town limits, write RURAL and give nearest fown) Street No. (1f rural, give LOCATION)
How long in hospital or institution?	2:(a) If veteran, name war
3. (a) FULL NAME Thomas alexan	Les Frankli Jane
Male Schole Prace 6.(a) Single, married, widowed, or stronged	MEDICAL CERTIFICATION 20. DATE OF DEATH 24 1948, 21/28
6.(b) Name of husband or wife Sarah Toring (6.(c) If alive, give age 6.7. year of deceased (mo., day, yr.) Qua 2 9th, 1875	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
8. AGE: Years Months Days If less than one day 73 3	Calero Sileiosio ano
10. Usual occupation	*Due to
12. Name	(Include pregnancy within 3 months of death)
14. Maiden name Organ Mensyland	Major findings of operations.
Address 101 My Gullote St. Frontings	Autopsy results
17 Burial, cremation, or removal. Which?) Date thereof. 7 month) (day) (year)	22. VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Draghington, D. To.	Where did injury occur?
18 Funeral director factor Dafes Address Frathurg, Mai	Means of injury 10 June 23. SIGNATURE DO DM Gare MAD
19. 11- 25- (Date rec'd by registrar) 19. 45 Suls Xauley & Registr	Address Frostburg my Date signed Norse

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

Within co	Dotate limites	PARTMENT OF HEALTH 11027
ect a		TE OF DEATH Reg. Dist. No.
on carefully. The Est clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
ormati	3. (a) FULL NAME Raffert Solas From hant	3. (b) Social Security Number
of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of of ses	m w m.	15 48 3 Mg
SERVED FOR BINDING K. Supply every item of information care: please write the causes of death clearly	6.(6) Name of husband or wife Sady From Rart 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) has 5 - 1875 8. AGE: Years Months Days If less than one day 73 8 10 hrs. min. 9. Birthplace husbang W. Ya	2D. OATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.7 S.
MARGIN RESERVED NFADING INK. Supp nt. Physicians: please	10. Usual occupation. Do comple Engineer Returned 11. Industry or business 6. and 0. h. f. Co. 11. Name Full full From hard 12. Name Full full From hard 13. Birthplace	Due to
WITH UNI	14. Maiden name & Alen Alovo dall 15. Birthplace Pau Paul W. Va	Major findings of operations Carcinoma of prosence
PLAINLY, Vis especially	16. Informant & dul Harm harf Address Very Wa 17. Burned Date thereof (month) (day) (yesr)	Antapsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
15 9.45.15 SE WRITE	Location / Pupu Wa- 18. Funeral director B. N. Mark wood	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
VS A.	19. Moving 18 4 8 W.A. Janks M.D. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other M. D. or other Address Cur be claud med Date signed 1/14/4.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	CERTIFICAT	E OF DEATH	Reg. Dist. No	H
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOM) (For newborn infants give residen		
City or town	7	State manyland	County allegan	y.
low long in above place of death?		City or town (1f outside city or town	limits, write RURAL and give no	eareat town)
Hospital, Institution or street address where death occurred:		Street No. 606 Am	give LOCATION)	
How long in hospital or institution?	***************************************	2.(a) It veteran, name war	Vh m/-1 M	ar,
3. (a) FULL NAME GLORAL RAN	mond &	Gormen)	3. (b) Social Security	Number
4. Sex 5. Color or race S.(a) Single, marries A	idowed, or divorced	MEDICAL	L CERTIFICATION	
me white man	red	20. DATE OF DEATH.	16 1948	153
6.(b) Name of husband or wife Helen Hunse	L.	21. I CERTIFY that death occurred on the d	ate above stated; that I attended dec	eared trom
7. Birth date of deceased (mo., day, yr.) Fully 2/ 1893	ve ageyears	and that I last saw halive on		19
8. AGE: Years Months Days tiless th	han one day	Immediate cause of death	al Failure	DURAT
55 3 75	1	J		
9. Birthplace	gland	Due to	132	4.
10. Usual occupation Engineer		Due to		
11. Industry or business		•••••••••••••••••		
12. Name Jeanny Borney 13. Birthplace		Other conditions		
	il.	(Include pregnancy wit	hin 3 months of death)	
HI 14. Maiden name Grand B 15. Birthplace	2	Major findings of operations		*****************
16. Informant Juss Helen H. Bors	mer	Antopsy results		
Address Cumberland		PHYSICIAN: Please underline the cause		d statistically.
17. Burial (Burial, cremation, or removal, Which?) Date thereot (mo	onth) (day) (year)	22. VIOLENCE: If death was due to exter Accident, suicide, or homicide		
Cemetery or crematory	onth) (day) (year)	Where did Injury occur?(City or t		(State)
Location Gentlerland		Injured at home, tarm, industry, public pl		
9. 11.	9 ma	Means of Injury	Injured at work?	
Address Europe Description		NU	11/1/	
Address Osmberland	t m A	23. SIGNATURE	Gh Ma	or other
(Date rec'd by registrar)	MAZ , Registrar	Address wither	Kang Date signed	11/1

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NOV 23 1948

BUREAU V. S.

On Richard Hilliams

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CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number 214-07-0442 MEDICAL CERTIFICATION
male White married	2D. DATE DF DEATH. 11 - 12 - 19 48 21 2 P
6.(6) Name of husband or wife	21. I SERTIFY that death occurred on the date above stated: that I attended deceased from 19. 40. 10. 12. 19. 48. and that I last saw h. 10. alive op
9. Birthplace (Town founty, and atate) 10. Usual occupation (Configuration for founty) 11. Industry or business (Bellen Apringfield Configuration for founty) 12. Name (Configuration for foundation f	Due to
13. Birthplace/ My Clarage Mos. 14. Maiden name. Elizabeth Morgan. 15. Birthplace Eugland	(Include pregnancy within 3 months of death) Major findings of operations
Address My Devace Md.	Autopsy results
Cemetery or crematory. Location	Where did Injury occur?
18. Funeral director. Address Drefschung md. 19. Wesnies he Llemint Registrar 19. Ober projet by registrar	Msens of Injury Injured at work? Injured at work? Address Address Date signed 11.12.48

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information carefully. The coffeeth of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

DURATION

CERTIFICATE OF DEATH

2 USUAL DESIDENCE (HOME) OF DECEASED:

County	County Clif or town (If outside city or town limits, write RURAL and give nearest town) Street No. 6.4.5 (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Wis Catherine C	Javes 3. (b) Social Security Number
4. Sex 5. Cotor or race 6,(a) Single, married, widowed, or divorced Temple While Divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Nov. 10 19 4.8 31 5 29
6.(b) Name of husband or wite. 6.(c) If alive, give age	21. I CERTIFY they dealh occurred on the date above stated; that I affended deceased from 19.46 to 10.5./0 19.4 and that I last saw here alive on 19.4
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 77 7 6	Cangostive Haart Failure 1 Tue
9. Birthplace Oalsland (Toyn, county, and atte) 10. Usual occupation Howard war.	Due to Chr. Tump carditis 3.
11. Industry or business 12. Name	Dther conditions
13. Birthplace WH 14. Maiden name Dinay 3chlabach 15. Birthplace CARNOWN	(Include pregnancy within 3 months of death) Major findings at aperations.
16. Informant / 1/2, Tohn Ca The saell Address 645 34-iver Ave., Comberland, Ma	Autopsy results
17. Burial cremation, or removal, Which?) Date thereof / Ore 43 or 12, 1948 (Burial cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Hillerest Burial Park Location Guesses Land, Md.	(City or town) (County) (State) Injured at home, tarm, industry, public place (where?)
18. Funeral director they started teld. Address Capacidated teld.	23. SIGNATURE Confiner F. Joues to. S. M. D. or other
19. (Date rec'd by registrar) 19.48 W.A. Manha M.A. Registrar	11-10-4

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NOV 16 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
4. Sei 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVEMBER 16 1948 1 4120 An
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47. 10. November 19. 48. and that I last saw h. Sam. alive on thousand the state of death. Meant failure DURATION DURATION
9. Birthplace Frank by regularity and refer 10. Usual occupation Contract for 11. Industry or business Plasterer 12. Name Theodore Gunnette 13. Birthplace Madison, Pa. 14. Maiden name Sarah Weems Franklin 15. Birthplace Ann Hrundel Co., 17d.	Due to Pulmone of Cart Occase Other conditions Delaid (Include pregnancy within 3 months of death) Major fiedings of operations.
Address 422 Columbia 54, Cumberland, 17a 17. Buria (Burial, cremation, or removal, Which?) Cemetery or crematory Allegany Cemetery Location Frost burg Many Cemetery	22. VIOLENCE: If death was due to external causes, the lite following.
18. Funeral director Address Carlos Burker States Address Carlos Burker St	23. SIGNATURE Cavelle Gy Meisman ap M. D. or other

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ind is especially important. Physicians: please write the causes of death clearly and legible

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NOV 23 1948

BUREAU V. S.

Registrar

NOV 16 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			.1
eg.	Dist.	No.	 4

/	Reg. Diat. No.
1. PLACE OF DEATH: County Allegany	
Clmberland (If outside city or town limits, write RURAL and give nearest to	City or town
Hospital, Institution, or street address where death accurred:	Street No. 404 Seymoth St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3.(a) FULL NAME Lawrence J. Hilton	3. (b) Social Security Number 705-09-9814
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Married	20. DATE OF DEATH. November 3 19.48 212 30P
6.(b) Name of husband or wife Blanche (Chance Chance Chanc	10/18/4 / 19 10 Kod 3 1948
deceased (mo., day, yr.) April 15, 1902	Immediate cause of death
8. AGE: Years Months Days It less than one day 46 6 I8hrs.	min.
9. Birthplace	Diher conditions
	Major findings of operations.
	Date of op. 10/25/1/
16. Intermant Wife Address 404 Seymone St.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. No Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. St. Mary's Cem. Location Cumberland, Md. 18. Funeral director James F. Scarpelli Address Cumberland 19. (Date rec'd by registrar)	Call 94 Recident, suicide, or homicide

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case is especially important. Physicians: please write the causes of death clearly and legibly. VS A15





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

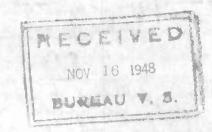
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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
County	State Tud County allegany
ity or fown(If outside city or town limits, write RURAL and give nearest town)	C C C C C C C C C C C C C C C C C C C
ow long in above place of death?	(If outside city or town limits, write RURAL and two nearest town)
ospilal, Institution, or street address where death occurred:	Street No. 20 Ridgeway Serrace
allegany spoopstax	(If ru(a), give LOCATION)
low long In hospital or Institution?	2.(a) If veleran, name war
B. (a) FULL NAME	If aller
Jean Jarris	Haller your
Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fourse White Single	20. DATE OF DEATH 10 19.48 at 3:45
	21. I CERTIFY that death accurred on the date above stated: that I attended deceased from
(b) Name of husband or wife	21. I CENTIFY that death accurred on the date states. The Travel. 10. 19.4.
deceased (mo., day, yr.) Dec 22, 1928	Immediate caused deathy Dugation
. AGE: Years Months Days If less than one day	Cerebral Edema 8hrs
19 10 18 hrs.	
C	A Due to Congental Cerebral 3 pastice 1972
(Town, county, and state)	The contract of the contract o
10. Usual occupation Mone	Due I o.
11. Industry or business	Due 10
	Other conditions
12. Name & Clis H. Hallar Ust	
	(Include pregnancy within 3 months of death)
14. Maiden name Temperane Ring 15. Birthplace Cumberland Mid	Major findings of operations.
E 15. Birthplace Jumberand Mid	
16. Interment Colin W. Haller	Autopsy results
0 7000	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Children 12 1011	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removat. Which?) Dale thereof. 7. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	Accident, sulcide, or homicide
Cemetery or crematory Sts. Peter + Paul's Cometery	Where did Injury occur?
c booleand Md	Injured at home, farm, Industry, public place (where?)
Location Cumberland, Md.	Meens of injury Injured at work?
18. Funeral director	$\Delta \Omega \Omega \Omega \sim 10^{-10}$
Address (un berland Wd.	as cientities (Anthurt. Jould he.).
MALIA IT INDITED	M. D. or other
19. (Date reald by redistrer) Registr	rar Address 110 & Leufre 24 Date signed 11-12-48



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ADING INK. Supply every item of information carefully. The cophysicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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11035

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	State County Bestinore City or town TOWSON (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 64 Burkleigh Road.s. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war. Spanish Am.
3. (a) FULL NAME	3. (b) Social Security Number
Nelson Alexander Hopkins	213-01-4330 A
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widower Hopkins	20. DATE DF DEATH
6.(b) Name of husband or wife. Mary Elizabeth Sullivan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birlh date of deceased (mo., day, yr.) May 4- 1874	and that I last saw h. im. Dead. Nov. 7. 184. Immediate cause of death. DURATION
8. AGE: Years Months Days It less than one dayhrsmin.	Chronic Myocarditis 2 yrs.
9. Birthplace	Due to
12. Name Wallace Hopkins unknown	Dther conditions Arteriosclerosis
置 14. Malden name Tabitha Winters	(Include pregnancy within 3 months of death) Major fiedings of operations
	Date of op
Address 64 Burkleigh Rd. Towson Md.	Autopsy results
17. Removal and Burialite thereot. Nov 9 1948 (Burial, cremation, or removal. Which?) (month) (day) (year)	22. VtOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematoryFAIRVIEW CEMETERY	Where did Injury occur?
toustion New Albany, Ind:	Injured at home, farm, industry, public place (where?)
18. Funnyat direc: CHARLES L. GEORGE	Meens of Injury Injured at work? Deputy Medical Examiner - Allegany Co.
Address CUMBERLAND, MARYLAND	23. SIGNATURE H. V. Deming M. D. H. D. Semilar
19. The saufa Medistrar	Address Cumberland Md. Date signed 17-7-48

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BUKSAU Y. S.

Reg. Dist. No

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OF DEATH

USUAL RESIDENCE (HOME) OF DECEASED:

(If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION DATE OF DEATH. (Include pregnancy within 3 months of death) YSICIAN: Please underline the cause to which death should be charged statistically. VIOLENCE: If death was due to external causes, fill in the following: ident, euicide, or homicide..... ere did injury occur?(City or town) red at home, farm, Industry, public place (where?) ins of Injury Injured at work? SIGNATURE Registrar | Address.

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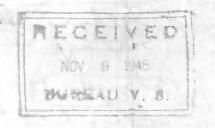
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	CERTIFICATE
1. PLACE OF DEATH:	2.
County	1
City or town(If outside city or town)	nits, write Ohal and give nearest town)
How long in above place of dealh?	Cit
Hoepilal, Institution, or street address where	Cath occurred:
How long in hospital or institution?	2.0
3. (a) FULL NAME	11 20
Jacob 1	Wirlal Han
4. Sey	6.(a) Single, married, widowed, or diforced
Daste White	Simple
	20.
6.(b) Name of husband or wife	
7. Birlh date of	
deceaeed (mo., day, yr.)	- 12, 18 79
8. AGE: Years Wonths	Days If lese than one day
57	2 5 College Age 104
9. Birihplace(Fown,	ounty (and state)
1D. Usual occupation.	a multing.
11. industry or business	Due
E 12. Name Patrick	Haye
12. Name	- > 1
14. Maiden name Sly a 15. Birthplace	beth Coursy
15 Rirthalace	Sevel of Maj
11 - 4	Wines
16. Informant	Ant
Address	-1.1-1.1 = 22.
(Bufjal, cremation, or removal. Which?)	Dale theren (mogth) (day) (year) Acc
Cemetery or crematory	ckels Whe
Location Table	inju
18. Funeral director. Sacol	Haler Mes
Address Factorio	Will refer A
Addiess of the state of the sta	23.
18. May - 18.48 (Date rec'd by registrar)	Comman M. T. Craces



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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couply City or town (If outside city or town limits, write RURA) and give march town
Hospital, institution, or street address where death occurred. 6.3.3. How long in hospital or institution?	Streel No. 6 3 3 HO Job Atrunce (1f rurul, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Wis amanda He	3. (b) Social Security Number
Female White Widowed.	MEDICAL CERTIFICATION 2D. DATE OF DEATH
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Way 29, 1892 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace Contact Conference (Town Country, and atate)	Due to.
10. Usual occupation	Due to
12. Hame Course Gooss 13. Birthplace Ollegany Co Ind	Other conditions (Include pregnancy within 8 months of death)
14. Malden name Willaria Bowman 15. Birthplace Orlanas Pa	Major findings of operations. Date of op.
Address 6334cl Jop Drive Curb de	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Which?) Cemetery or crematory (Cemetery or crematory)	Accident, suicide, or homicide
Location Cumberland Jud - (Injured at home, farm, Industry, public place (where?)
Address Churcheland Wat	23. SIGHATURE ALONG M. D. por other
19. Mary 6 19 48 W.R. Frank M.D. Registrar	12.8 11 man 11 11/11/11

NOV 23 1948

BUREAU Y. S.

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FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11037

CERTIFICATE OF DEATH

Reg. Diat. No.

. PLACE OF DEATH:	(For newborn infants give residence of mother)		
ounty Allegany			
ily or town. Frostburg Md (If outside city or town limits, write RURAL and give nearest town)	State Md. County Allegany		
low long in above place of death? 15 minutes	City or town		
Miners Hospital, Frostburg Md.	Street No. L.J.O		
low long in hospital or institution? 15 minutes	2.(a) If veteran, home war. World War 2		
B. (a) FULL NAME	3. (b) Social Security	Number	
William F.dwin Teffries 1. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	0	
male white married	20. DATE OF DEATH		
5.(b) Name of husband or wife Margeret Buskirk	21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from	
E (a) Hadisa sisa are 24			
6.(c) It alive, give age24years	and that I last saw h im abead Nov. 25	194.8	
deceased (mo., day, yr.) Feb. 18-1924	Immediate cause ol death	OURATION	
8. AGE: Years Months Days If less than one day	Intracranial hemorrhage	45	
24 9 /hrsmin.		minutes	
Birthplace	Due to a fracture of the skull,	4******************	
	also had a fracture of the		
ID. Usual occupation. Plummer	MA 6th cervical vertebrae.		
11. Industry or business Own Shop	due to an automobile accident		
12 Name Alfred Jeffries	Other conditions		
13. Birthplace Frostburg Md.			
441	(Include pregnancy within 3 months of death)		
14. Maiden nameBeulah Wilson	Major findings of operations.		
15. Birthplace Frostburg Md.	Date of op.		
16. Informant Mrs William E. Jeffries	Antopsy results		
Address Frostburg, Md.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
Burial Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide. aut.o accidente of N.O.	v.25/48	
Cemetery or crematory Allegany Cemetery	Where did how actur? Morantown Allegany (City or town) (County)	Md.	
Cemetery or crematury			
Frostburg, Md.	Injured at home, farm, Industry, public place (where?) Route36		
18. Funeral director 977 Schrhorn	Means of Injury T.ost control of Injury ton? Deputy Medical Examiner - Alles	no cany Ca	
Address Lonaconing, Md.	23. SIGNATURE H. V. Deming M.D. H. V. 2		
	112, 27,		
18. 11 - 27 1844 Mes Hauly N. Rue (Date rec'd by registrar) Registrar	Address Cumberland Md . Date signed	1-25-48	

NOV 30 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

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	J.	V	U	64	10	en.	
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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State md. gounty allegany
City or town	City or town
How long in above place of death?	1 1 1 1
115 Frost are	Street No. (If rural, give LOCATION)
Hów long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Comy May / alba	ugh none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Towale white wordswad	20. DATE OF DEATH November 1948, at 1 20 M
6.(b) Name of hueband or wife A. : Webster Kallangh	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.48.
7. Birth dale of	and that I last saw her alive on provenues 19 48
deceased (mo., day, yr.) 8. AGE: Years Monthe Days If less than one day	Immediate cause of death Our DURATION
84 5 / 10 hrs. min.	Took foilure
my de alle med	Due to Chowie myocarchiap
9. Birlhplace	Near Disease -
10. Ueuai occupation	Due to
11. Industry or business	
12. Name	Dther conditione
13. Birthpiace	(Include pregnancy within 3 months of death)
14. Maiden name Hannie A. europe	Major findiags of operations.
15. Birthplace	Dale of op.
16. Informant Chansel & alpengh	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addrese growthery , Ma.	22. VIOLENCE: tf death was due to external causes, fill in the following:
Bute thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or secondary allegany	Where did injury occur?
Location 3 intlant, and	Injured at home, farm, industry, public place (where?)
0000	Means of injury Injured at work?
18. Funeral director	ONE R DILL
Addrees 3 1 0 0	23. SIGNATURE M. D. M. M. D. M
19. March 19 18 Mes Mailly H. Registrar Registrar	Address To stong, we Date signed 11/2/48.

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	MAKILAND STATE DEPARTMENT OF HEAL	TH · ·	11020
- (-	2411 N. Charles St., Baltimore	150	TTimo
	CERTIFICATE OF DEATH	101	Reg. Dist. No. 4

1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Allegange Area of the limits	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Statement of the statement of the statement of mother (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME ARY Baley A R R	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced Flexical White Elical 8.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 45 at 539 M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Nov. 8. (c) It alive, give age years	11-7- 1047 11-7- 1045
8. AGE: Years Months Days It less than one day	For mer baley 5than
8. Birthplace Cuschel allegay . and (Town, county, and grate)	Due to.
10. Usual occupation	Bue to.
12. Name William Kelly 13. Birthplace Lanceony and	Other conditions
14. Maiden namantanette Virbas 15. Birthplace fall Summit had	(Include pregnancy within 8 months of death) Major findings of operations.
18. Informat Mrs William / Lelle	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address dracerum, Mal X 1948 17. Burial, cremation, or removal. Which?) Bate thereof Mal X 1948 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, sutcide, or homicide
Cemetery or cremator It Wishest Cernating	Where did injury occur?
18. Funeral director 211. Bickelium	Means of Injury Injured at work?
Address Lancaring, had	23. SIGNATURE. L. Kling M. Dorother
19. (Date ree'd by registrar) 19. 4 W. K. Syandy, M. B. Registrar	Address Sq Green O. Bate signed 11-8-48.

NOV 16 1948

BUREAU Y. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Dist. No.

					Keg. Dist. 140	
1. PLACE OF DE	Alleg	rany		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of		
City or town(If o		imits, write R	URAL and give nearest town)	City or town		
Hospital institution or	street address where	death occurred	l:	721 Bofovette Ave		
How long to hospital or	Institution?		***************************************	2.(a) It veteran, name war		
3. (a) FULL NAMI			LE KESSEL		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	1	idowed	20. DATE OF DEATH. Nov. 18,	19 48	12:40 PM
6,(b) Name of husband			en Kessel	21. I CERTIFY that death occurred on the date	18.48 to 2000 0	18 19.48
2 Dieth date of	. Sept. 2			and that I last saw halive on		
8. AGE: Years		Days	It less than one day	Immediate cause of death	Williams.	G DURATION
	1	23	hrs m	n. Arteriose	1	
9. Birthplace	eer Park	Mary	land	Due to. Christian		
	Housewil	eounty, and	mate;	Myotes	die	5
9.0			•••••	Due to		5 Tra
11. industry or busines 12. Name	ackson Be	obo		Other conditions		
	Amanda 1	Michae	2	(Include pregnancy within		
W 15 Righniage	W. Va.			Major fiudings of operatious		
		VanF	leet	Autopsy results.	10000000	
101 111101 1110111111111111111111111111			,Cumberland,M			
Address 2 1 17 Burial (Burial, cremation			eot Nov. 21 195 (month) (day) (year)	22. VIOLENCE: It death was due to external		
(Burial, cremation Cemetery or cremate	or removal. Which? United	Breth	(month) (day) (year) nern Cem.	Where did Injury occur?(City or town		
Lavi	manavill	e. W.	Va_	Injured at home, tarm, Industry, public place	(where?)	
			eorge	Means ot injury	injured at work?	
	mberland		V.V.+.5-F.	elongs	Lun	10
19. Nov.	9, 1848 (istrar)	- w	Ritarity M. A. Registr	23. SIGNATURE	M. D. Date signed	or other

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No.
County Cliy or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Allegany (If outside city or town limits, write RURAL and give nearest town) Available of the country of the cou	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) State Maryland County Allegany City or town. Westernport. (If outside city or town limits, write RURAL and give nearest town) Street No. 211 Vine Street. (If rurai, give LOCATION) 2.(a) ti veteran, name war.
3. (a) FULL NAME ELIZA ANN KIGHT	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widow 5. (b) Name of hydroad or wife Charles A. Kight	MEDICAL CERTIFICATION 2D. DATE OF DEATH NOVember 26, 19. 48, at 1:302a 21.1 CERTIFY, that death occurred on the date above stated; that Jattended deceased from
6.(6) Name of husband or wife CHAPTES A. Right 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) March 17, 1861 8. AGE: Years Months Days It less than one day 87 8 9 hrs. min. 9. Birthplace arton, Allegany, Maryland (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business Own home 12. Name Thomas Gilbert 13. Birthplace England 14. Maiden name Eliza Wilson England	and that I last saw her alive on Achieve Dor 25 19.48. Immediate cause of death. Duration Due to Carron & Mycocrafts and Mycords Due to Carron & Mycocrafts and Mycords Differentiations (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Mrs Robert Montgomery Address Westernport, Maryland 11. Burial Burial Bate thereof Nov 28, 1948 (Month) (Genetary or crematory Philos Cemetery (month) (day) (year) Location Besternport, Maryland 16. Funeral director Ellsworth S. Boal Address Westernport, Maryland 16. Funeral director Ellsworth S. Boal Address Westernport, Maryland 16. Funeral director Ellsworth S. Boal Registrar Registrar Registrar	Autopsy results PHYSICTAN: Please underline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, fill in the following: NOM 2 Accident, suicide, or homicide

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAL	LE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County ALLEGANY City or town CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) Street No. 1011 GLENWOOD STREET
How long in hospital or institution? 10 DAYS	(If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME MRS. IRENE G. KING	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced FEMALE WHITE MARRIED 6.(b) Name of husband or wife WILBUR O. KING	MEDICAL CERTIFICATION 20. DATE DF DEATHNOVEMBER 12
T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last your handlive on 19. Immediate cause of death DURATION
9. Birthplace MARYLAND (Town, county, and atate) 10. Usual occupation HOUSE WIFE 11. Industry or business 12. Name ROWE, ARTHUR	Due to
13. Birtholace HALLIER, CHARLOTTE 15. Birtholace MANCH CHONK, PA. 16. Informant MEMORIAL HOSPITAL	(Include pregnapoy within 8 months of death) Major findings of operations. Antopsy results. PHYSICIAN: Please onderline the cause fo which death should be charged statistically.
Address MEMORIAL AVE, CITY 17. (Burial, cremation, or removal. Which?) Cemetery or crematory ROSE HILL CEM	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. ac other Address. Date signed

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL, P.ESIDENCE (HOME) OF DECEASED:
County	May 1 - 1 fill 1 again
City or town	
How long in above place of death?	(If outside city or town imits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Prochae
1 Cpsl	(If rural, give LOCATION)
How long in hospital or Institution? 2007	2,(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Louis Confeherabre	ra
4. Sex 5. Color or sace 6. (A Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White married	20. DATE DE DEATH MON. 15 19 48 at 5 PM
5.(b) Name of husband or wife A Bary M. Rec Kinghay	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
6.(c) If allve, give age 4. years	19/6 10 Mm. 15 19 98
7. Birth date of	and that I last saw h alive on Roman 6 18 5
deceased (mor., day, yr.) 8 ACF: Years Months Days If less than one day	Immediate cause of death
1/	eart curry tellion / hom
7 2 4mln.	
9. Birthplace Augland Olygany V. Sho	Due to carlementer heart /2 year
(Town, county, and state)	donon
10. Usual occupation Challenge Company of the Compa	Due to
11. industry or business Oclamese Gosphragus uner	ua f
= 12. Name / Jus Kunfahlund	Dther conditions
13. Birthplace Curkensyava	
14. Maiden name Suranne Batalfish.	(Include pregnancy within 3 months of death)
H 14. Maiden name A Colla	Major findings of operations.
El 15. Birthplace	Date of op.
16. Informant XUSA Delene Pungsperson	PHYSICIAN: Please underline the cause te which death should be charged statistically.
Address Presapton Roarte 3.71	
17 Bank Date thereof LUNIS 194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burval, Cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cllgany Clumber	Where did injury occur?
Location From Allering Miles	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Charles and Market Comments	Means of Injury Injured at work?
0 - 1 - m	1-128 - Mai)
Address on or annually, and	23. SIGNATURE A Muy M.D. or other
19 (ad. 0/7, 19 48 Mastringts	M. D. or other 11-17-44
(Date rec'd by regisfrar) Registrar	Address O J Button Ul Date signed



JAN 7 1949 BUREAU V. S.

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give reaidence of mother)
City or town - Freathurs /	State Ma County allegany
Oily or town	own)
How long in above place of death?	(If outside city or town lift) s, write RURAL and give nearest to
Hospital, Institution, or street address where death occurred:	Street No. 15 Walch
15 Welsh St.,	(If rural, give LOCATION)
Now long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Unna joure	daymon more
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
I W Widowed	20. DATE OF DEATH 28 Nowender 19 48 21 4
G. La.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	1/ nov, 19 48 to 28 nov
7. Birth date of	wears S
7. Birth date of deceased (mo., day, yr.)	0 00 0
8. AGE: Years Months Days I fless than one day	Immediate cause of death.
o. AGE.	Faronesis
94 4 21hrs.	min.
a Blotholas Granette - ma	d. Queta artervaclarosio
9. Birthplace (Town, county, and state)	WW Technology of the Control of the
10. Usual occupation	
	Due to
11. Industry or business	
E 12. Name	Other conditions
13. Birthplace / Santt Co, mg	7_
# 14. Maiden name Mary Am Winely	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
∑ 15. Birthplace MC	Ate of op.
16. Informant Desige Layman	Autopsy results. More done
0-11 2-44	PHYSICIAN: Please underline the cause to which death should be charged statistics
Address F. J. Jackburg	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	(year)
Cemetery or wematory allegange	Where did injury occur?
3 th cond	Injured at home farm industry public place (where?)
Location	Meens of Injury Injured at work?
18. Funeral director.	misens of injury
	md Clothan B Havi
Address Trackburg,	23. SIGNATURE
12-1 48 My Mariana	KISE TO M. D. arright
(Date rec'd by registrar)	Registrar Address Page Signed !!

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BUREAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

M. D. or other

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CERTIFICAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State County Alagany City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veleran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced 5:29/e	MEDICAL CERTIFICATION 20, DATE OF DEATH. November 29 1948, at \$130 A
5, (b) Name of husband or wife	21. I CERTIFF that death occurred on the date above stated; that I attended decreased from 19
9. Birthplace Orleans Crass Roads Morgan Co. W.V.s. (Town, county, and state) 10. Usual occupation Carpenter three 11. Industry or business Construction work	Due to
12. Name Henry F. Light 13. Birthplace Morfinsburg, W. Vo. 14. Malden name Cotherine Sweitzer 15. Birthplace Pearre, Md.	Other conditions
Address 311 Franklin St., Comberland, Md.	Antopsy results
(Burial, cremation, or removal, Which?) Cemelery or crematory. Hill cres the Paris Paris	Accident, suicide, or homicide
Location Combertand Md. 18. Funeral director Johns Jan Hooften Address Combertand Zud	Injured at home, tarm, industry, jubic place (where?) Means of Injury Injured at work?

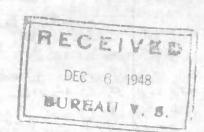
Registrar Address.

(Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SN



Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH Weisman 2411 N. Cherles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For pewhorn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death?.... Hospital, institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) If veteran, name war..... How long in hospital or intilution?... 3. (b) Social Security Number 3. (a) FULL NAME MEDICAL CERTIFICATION BINDING 2D. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION Months Days hee 8. AGE: RESERVED Supp 26 d (Town, county, and atate) 1D. Usual occupation. 11. Industry or business 12. Name. (Include pregnancy within 8 months of death) 13. Birthplace 14. Maiden name Major findiage of operations Date of op. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: PLAI) Accident, suicide, or homtcide..... (Burial, cremation, or removal, Which? Whera did injury occur? (County) (City or town) tnjured at home, farm, Industry, public place (where?) Injured at work? Means of injury 18. Funerat director 20 veesures nu Address Registrar (Date rec'd by registrar)

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NOV 30 1948
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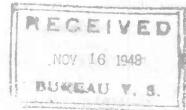
MARGIN RESERVED FOR BINDING

DR. SHINDLER

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICA	TE OF DEATH	Reg. Dist. No.
	11	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME (For newborn infants give residence	e of mother)
County ALLEGANY	.	County ALLEGANY
City or town (If outside city or town limits, write RURAL and give nearest town)	TOAK GIRADEDT A	ATT Park
How long in above place of death? 7 DAYS	(If outside city or town li	inglys, write RURAL and give nearest tow
Hospital, institution, or street address where death occurred:	Street No. Rt 3, /	Bedford Roy
MEMORIAL HOSPITAL	(If rural,	give LOCATION)
How long in hospital or institution? 7 DAYS	2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
		None
REV. ERNEST E MANLEY 4. Sea 5. Color or race 6. (a) Single, married, widowed, or divorced	TI NEDICAL	CERTIFICATION
MALE WHITE WIDOWED		
MUTTE MIDOMED	20. DATE DF DEATH NOVE MB	ER 6 1948 31 6
6.(b) Name of husband or wife ELLA MCELROY		e above stated; Attat Lattended deceased from
	V/ 10~	1947, 10 Mm
7. Birth date of		volver 6
deceased (mo., day, yr.) 7-3-1858	Immediate cause of death	
8. AGE: Years Months Days I less than one day	h 4 0	
90 4 3hrsm	n. Browler - Mr	ummen 20
	1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Temlente y
9. Birthplace WARREN CO. Canton, Penna. (Town, county, and state)	Due to S	2
10. Usual occupation Minister - Kehred		570,-0010
Desching	Due 10	- Jeanna
It, illustry or business		
12. Name Canton, Pa.	Other conditions	
	(Include pregnancy withi	in 3 months of death)
H 14. Maiden name Louisa Pratt	Major findings of operations	
S 15. Birthplace Canton, Pa.		
16. Informant MEMORIAL HOSPITAL	Autopsy results	o which death should be charged statistica
Address CUMBERLAND, MARYLAND		
Burial Oate thereot 11/9/48	22. VtOLENCE: If death was due to externa	
(Buria) cremation or removal Which?) (month) (day) (year)		Date of
Cemetery or crematory Granville Center Cemetery	Where did injury occur?(City or to	wn) (County) (State)
Conville Center Pe		e (where?)
Location	Means of Injury	Injured at work?
18. Funeral director William H. Kight		0 4 5.0
Address Cumberland, Md.	13. 20.	plandle las
	23. SIGNATURE	M. D. or other
19. Date rec'd by registrar) 19. Date rec'd by registrar)	41 Kun	Date signed 7/



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JL.	JŁ,	ŧ	ž	2	0

CERTIFICATE OF DEATH

	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAI, RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
8. (b) Name of husband or wite	and that I last saw h
10. Usual occupation. Minter 11. Industry or businese Compolidation Coral Co. 12. Name Leter matthews 13. Birthplace Underror vn	Due to
14. Maiden name Vivlet Bothwell 15. Birthplace Unknown 16. Interment. Mas Hinna & Spattlems	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Anach Lang. Flight 17. (By har, cremation, or removal. Which?) Date thereof Man. (growth) (day) (year) Cemetery or crematory. Land L. J. L. Canalter	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location niviscor md	Injured at frome, farm, industry, public place (where?) Messne of injury Injured at work?

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MARGIN



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

State MARYLAND

City or town ..

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

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-	Dies	No	

County ALLEGANY

CUMBER LAND
(If outside city or town limits, write RURAL and give nearest town)

City or town	(If outs	MBERLAI ide city or town I dealh?	mits, write R	URAL and give nearest	town)
Hospilal, instil	ulion, or str	eet address where	death occurred	!:	
			11 DA	YS	************
3. (a) FULL		titulion?		Att. 100	
	WRENC	E E MI	EISTEF		
4. Sex		. Color or race		e, married, widowed, or divo	rced
MAI	LE	WHITE	MAF	RIED	
E (b) Name of	huckand or	wife EI	SIE Z	EMBOWER	
b,(o) Name of				e) If alive, give age	67 "
7. Birth date of	f no., day, yr.)	MARCH		881	
8. AGE:	Years	Months	Days	If less than one day	
	67	8	6	hrs	п
1D. Usual occ	upation		POLI	CEMAN	
1D. Usual occ	upation				
11. Industry or	r business	RETIRE			***************************************
11. Industry or	r business GEO				
11. Industry or	r business GEO	RETIRE			
11. Industry or	GEC	RETIRE		CEMAN Q	
11. Industry of SHLV 12. Name 13. Birthp 14. Maide 15. Birthp	GEC	RETIREI REGE ME REGE ME Lisab	POLI ISTER If and land	CEMAN Q	
11. Industry of 22. Name 12. Name 13. Birthp 14. Maide 15. Birthp 16. Informant.	r business GEC place en name	RETIRE	POLI ISTER ISTER Land Land Land	L- Yore	MD,
11. Industry of SH 12. Name 13. Birthp H 14. Maide 15. Birthp 16. Informant.	r business GEC place en name	RETIREI REGE ME REG	POLI ISTER ISTER Land Land Land	CEMAN Jose PITAL MBERLAND,	MD.
11. Industry of 12. Name 13. Birthp 14. Maide 15. Birthp 16. Informant. Address I 17	glace place MMEMOR	RETIREI RGE ME: R Mary Lizab MAY EMORIAI	POLI ISTER ISTER Land Land L. HOSF	Jore ITAL MBERLAND	MD (Jear)
11. Industry of SH 12. Name 13. Birthp H 14. Maide 15. Birthp 16. Informant.	glace place MMEMOR	RETIREI REGE ME REG	POLI ISTER ISTER Land Land L. HOSF	CEMAN Jose PITAL MBERLAND,	MD,
11. Industry of 12. Name 13. Birthp 14. Maide 15. Birthp 16. Informant. Address I 17	glace place MMEMOR	RETIREI REGE ME REG	POLI ISTER ISTER Land Land L. HOSF	CEMAN Jose PITAL MBERLAND,	MD.
11. Industry of 12. Name 13. Birthp 14. Maide 15. Birthp 16. Informant. Address I 17	r business GEO place en name MEMOR	RETIREI REGE ME REG	POLI ISTER ISTER Land Land L. HOSF	CEMAN Jose PITAL MBERLAND,	MD,
11. Industry of 12. Name 13. Birthp 14. Maide 15. Birthp 16. Informant Address I 17. Burlan, or Cemetery or Location	r business GEO place en name MEMOR	RETIREI REGE ME REG	POLI ISTER ISTER Land Land L. HOSF	CEMAN Jose PITAL MBERLAND,	MD,

	3. (b)	Social Sec	curity l	Number	_
	17	one			
MEDICAL CERTIFICATION					
OD. DATE OF DEATH NOVEMBER	9	19	48	10:00	RM
21. I CERTIFY that death occurred on the date ab					
30 Oct., 1948 19					
and that I last saw h im alive on 9	Novemb	er		1948	3
Immediate cause of death				DURATION	Ξ,
Diabetes mellitus					
Acute coronary occ	lusion	1			

			1	*******************	
			1	••••••	
Due to Arteriosclerosis,	genera	alized			*****
_{Due to} Arteriosclerosis, _{Due to} Peripheral vascula	genera ir dise	alizec			*****
Due to Peripheral vascula Due to Peripheral vascula both lower extremiti	genera ır dise .es wit	alized ease, th gar	ngre	ne	
Due to Peripheral vascula both lower extremiti	genera ır dise .es wit	alized ease, th gar	ngre	ne	
Due to Peripheral vascula Due to Peripheral vascula both lower extremiti	genera r dise es wit foot,	ease, th gar	ngre	ne	
Due to Peripheral vascular both lower extremition the right to diabetes. (Include pregnancy within 3	general disection with foot,	ease, th gar	ngre	ne	
Due to Peripheral vascula Due to Peripheral vascula both lower extremiti Other conditions in the right to diabetes. (Include pregnancy within 3	general disection with foot,	alized ease, th gar secor	ngre	ne V	
Due to Peripheral vascula Due to Peripheral vascula both lower extremiti Other conditions in the right to diabetes. (Include pregnancy within 3	genera ir dise es wit foot,	ease, th gar secor	ngre ndar	ne V	
Due to Peripheral vascula Due to Peripheral vascula both lower extremiti Other conditions in the right to diabetes. (Include pregnancy within 3	genera ir dise es wit foot, months of d	ease, th gar secor	ngre	ne y	
Due to Arteriosclerosis, Due to Peripheral vascula both lower extremitive Other conditions in the right to diabetes. (Include pregnancy within 3 Major findings of operations. Autopsy results. No autopsy. PHYSICIAN: Please underline the cause to we	general dise es with foot, months of d	alized ease, th gar secor eath)Date of op	ngre	ne y	
Due to Arteriosclerosis, Due to Peripheral vascula both lower extremiti Other conditions in the right to diabetes. (Include pregnancy within 3 Major findings of operations. Antopsy results. No autopsy. PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external ca	generate discount dis	alized asse, th gar secor eath) Date of op	ngre	ne	
Due to Arteriosclerosis, Due to Peripheral vascula both lower extremiti Other conditions in the right to diabetes. (Include pregnancy within 3 Major findings of operations. Antopsy results. No autopsy. PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external ca	general response description des with foot, months of death and which death a muses, fill in the	alized base, ch gar secor cath) Date of op he following Date o	ngre	ne y statistically.	
Due to Arteriosclerosis, Due to Peripheral vascula both lower extremiti Other conditions in the right to diabetes. (Include pregnancy within 3 Major findings of operations. Antopsy results. No autopsy. PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external ca	general response description des with foot, months of death and which death a muses, fill in the	alized base, ch gar secor cath) Date of op he following Date o	ngre	ne	
Due to Arteriosclerosis, Due to Peripheral vascula both lower extremiti Other conditions in the right to diabetes. (Include pregnancy within 3 Major findings of operations. Antopsy results. No autopsy. PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external ca	general dise es with foot, months of death a which death a susses, fill in the	alized asse, th gar secor eath) Date of op should be c he following Date o	ngre	ne y statistically.	

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OPPORTUGATE OF DEATH

CERTIFIC	AIL OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)
County	State MARYLAND County Larrett
City or town CUMBERLAND MD. (If outside city or town limits, write RURAL and give nearest town)	••••••
How long in above place of death? 16 DAYS	City or town ACCIDENT (If outside city or town limits, write RURAL and give nearest town)
Hospital institution, or street address where death occurred:	
MEMORIAL HOSPITAL	Street No
How long in hospital or institution?	2.(a) 11 veteran, name war
How long In hospital or Institution?	
3. (a) FULL NAME	3. (b) Social Security Number
MRS. NANCY MILLER	Marie
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	2D. DATE OF DEATH NOVEMBER 11, 19 48 21 5:30A
6.(6) Name of husband or wife SILAS MILLER	O Salw 26 19 45, 10 Res 11 19 48
	vears 19.70
7 Right date of	and that I last saw h lk alive on the standard of the same of the
deceased (mo., day, yr.) DECEMBER 23 /8 72	Immediate cause of death
8. AGE: Years Months Days If less than one day	Gerebro vascalos Accident 5 km x
7. 10 18hrs.	
9. Birthplace MARYL AND (Town, county, and atate)	Due to Muyerantal Research)
(Town, eounty, and atate)	- dechuserskin - Carlein
10. Usual occupation HOUSE WIFE	Muchael - anne 2
11. Industry or business	- John State of the state of th
E 12. Name DANIEL BAKER	Dither conditions 2
13. Birthplace MARYLAND	
D. 1 15. Diringiaco	(Include pregnancy within 3 months of death)
H 14. Malden name LYDIA CAMP	Major findings al aperations
14. Malden name LYDIA CAMP 15. Birthplace MARYLAND	
	Date of op.
16. Intermant MEMORIAL HOSPITAL	Animpsy results.
MEMORIAI, AVE.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: 11 death was due to external causes, 1ill in the following;
17 Rewal V Branche thereof 11	
(Burial, cremation, or removal, Which?) (month) (day) (year	
Cemetery or crematory BEW Erick	Where did injury occur?
Cemetery or Gremandry	
Location account, and.	Injured at home, farm, industry, public place (where?)
ALL DIR PILLE	Meens of Injury Injured at work?
18. Funeral director	
Address frontsvalle lug.	(//
AUDIESS A TOTAL TO	23. SIGNATURE Cumulti de la companya
The 11 HX VIK. WAUN 1	istrar Address 50 Persoling D Date signed 1/11/46
(Date rec'd by registrar)	

NOV 16 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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/ OLKINION	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. WEST VIRGINIA County GRANT City or town. GORMANIA (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veteran, name war
MRS. FANNIE E. MORELAND 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVEMBER 16., 19. 48., 21.12:15.4
8. AGE: Years Months Days If less than one day 64 3 14 hrs. min. 9. Birthplace WEST VIRGINIA (Town, county, and state) 10. Usual occupation. HOUSE WIFE	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 48. 10. 19. 48. and that I last saw h. L. alive on
11. Industry or business 12. Name	(Include pregnancy within 8 months of death) Major findings of operations
17. (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director. 19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar Registrar	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

information carefully of death clearly and

UNFADING INK. Supply every item of itant. Physicians: please write the causes

WITH UNF important.

PLAINLY, W is especially i

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PLEASE WRITE

NOV 23 1948

BUREAU V. S.

VS A15

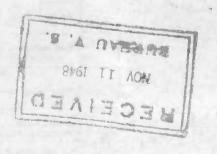
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Collegeration	9 0 4 600
City or town. (Noutside city or town lipper write RURAL and give nearest town)	State
How long in above place of death? Cel Res la Le	(1f catside city or town limits write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. USL St
16 Will St	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mery Barbara Maye	
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Terrale White Single	20. DATE DE DEATH MOVEULLES 19.48 at 9 P. M
C (I) Some at bushead or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
S.(b) Hame of husband or wife	may 1 1848, 10 november 5 1948.
7. Birth date of 7. Bir	and that I last saw In C. K. alive on November 5 19 48.
deceased (mo., day, yr.) May 7th, 1870	Immediate cause of death
8. AGE: Years Month Days It less than one day	Carcinoma o liver 6 mos.
78 5 28	
9. Birthplace Frontburg Med. Callagany	Que to Clasane rephysicis
(Town, county, and state)	
10. Usual occupation Ketered Seamustress	Que to Peters - pelhosis
11. Industry or business	
= 12 Name Dalu Mayer	Other conditions
12. Name	X
	(Include pregnancy within 3 months of death)
14. Maiden name Classical Harmany 15. Birthplace	Major findings of operations.
= 15. Birthplace	Date of op.
16. Interment Mus. Jugal Atkinson	Autopsy results.
Address Whe Street Frontburg wie	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Built 11 Oct us	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereot(month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Server duller Cerebe	Where did injury occur?
Location Fronthung Mungland	Injured at home, farm, industry, public place (where?)
18. Funeral director Daniel Dela Dela Dela Dela Dela Dela Dela De	Means of injury Injured at work?
to the mande	5/A 1.11 20
Address Turkly	23. SIGHATURE V. C. WILL M. D.
19. 11-9 1946 Mus. Hauly N. Kore	7
(Date rec'd by registrar) Registrar	Address Trouses Date signed 7



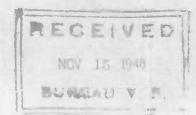
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 83a

11053

	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Ale Gounty City or town Residence of mother) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
4. Sex 5. Color or race B.(a) Single, mbrried, wildowed, or divorced Temale White Widowed B.(b) Name of husband or wite Chayles Morris	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and thet I last saw home alive on 19. Immediate cause of death DURATION
9. Birthplace Little Orleans, Allegany Co., Md., (Town, county, and state) 10. Usual occupation. Have Sewife	Due to. Due to. Due to. Due to.
11. Industry or business 12. Name	Other conditions
16. Informant Carl Stattle Myer Address Cumberland No. 11 1946	Autopsy results
17	Accident, suicide, or homicide
18. Funeral director Charles Has 1325 Address Haycock Md. 19. Mar. 19. 48 Miss J. 9. Watern. (Date ree'd by registrar) (Date ree'd by registrar)	23. SIGNATURE SMShaffle M.D. or other, Address Date signed I. I. J. J. S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1860

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State
3. (a) FULL NAME MR. JOHN NULL	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MALE WHITE MARRIED	MEDICAL CERTIFICATION 20. DATE DE DEATH. NOVEMBER 12, 19 48, at 7:05 Pm
6.(b) Name of husband or wife EMMA BURK HTT. 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day 8. BirthplaceMary Land, rown, county, and state)	min. Due to A ractice left from Tractice left from Tractic left from Tractic left from
11. Industry or business, Brakeman. V.M.A. Ry 11. Industry or business, Brakeman. V.M.A. Ry 12. Name Lellip Mulb Lennsylvane 14. Malden name Mary 15. Birthplace Maryland	Due to Diher conditions Clark Secularities. (Include pregnancy within 3 control of death) Major findings of operations. Date of op.
16. Informant MEMORIAL HOSP ITAL Address MEMORIAL AVE., CUMB., MD. 11. Burg G (Burial, cremation, or removal, Which?) Dale thereof (month) (day) (year	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to extend causes, fill in the following; Accident suicide or homicide
Comment Cumberland Md.	Where did Injury occur? (City or town) (County) (State)
18. Funeral director. 2001.5 Stein Inc. Address Cumberland, 19. 15. 15. 1948 W.L. Frank, M. (Date rec'd by registrar)	23. SIGNATURE Address Cumberland Medate signed 11/13/45

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLEASE SA

NOV 23 1948 BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11055

CEDTIFICATE OF DEATH

	CERTIFICAL	E OF DEATH	Reg. Diat. No	
1. PLACE OF DEATH: County Oligans		2. USUAL RESIDENCE (HOME	o of mother)	
City or town	give nearest town)	State Pranyand	County Melitar	J
How long in above place of death?	0	00	imits, write RURAL and give ne	arest town)
931 Say Street address where death occurred.		Street No. 931 gay	give LOCATION)	
tow long in hospital or institution?		2.(a) t1 veteran, name war		
3. (a) FULL NAME GRACE	nay C	al.	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married,	widowed, or diforced	MEDICAL 20, DATE OF DEATH	CERTIFICATION 5 19 46	P. 630
6.(b) Name of husband or wife. James 5	Ogle.	21. I CERTIFY that death occurred on the day	e above stated; that I attended deci	eased from
7. Birth date o1	ive ageyears	and that I last saw halive on	// /	
0. 1102.	than one day	mue fa 2 fu fie aleno	carcinoma	DURATION 2/2 4/2
9. Birthplace Greenstong	Ond	Due to adeus Carcino	ua Allfraus	6 723
1D. Usual occupation	/		<i>O</i>	
11. Industry or business	Itome	Oue to		
12. Name)	Other conditions	•••••	
	and	(Include pregnanes with	in 3 months of death)	
H 14. Maiden name LALAN ALAN ALAN ALAN ALAN ALAN ALAN AL		Major fiedings of operations . Odes	vearemona s	eteri
15. Birthplace	M-B			45
16. Informant Man Milandina	oge.	Antopsy resolts	to which death should be charged	statistically.
Address Combiland	COUL.	22. VIOLENCE: t1 death was due to extern		
(Burial eremation, or removal. Which?)	month) (doy) (year)	Accident, suicide, or homicide		
Cemetery or crematory Seensmany	4 Cem	Where did injury occur?(City or to	wn) (County)	(State)
Location Compellar	14	Injured at home, farm, industry, public place		*****************
18. Funeral director Johns Stern	me	Means of Injury	Injured at work?	
Address Cumberland		23 SIGNATURE CENTRUS	Loues Tu. D	
19. Nov. 6, 1948 WA	Tauly Med.	Address 110 S. Cenfre		or other

MECEIVED

NCV 9 1948

BURKAU V. S.

2411 N. Charles St., Baltimore

11056

CERTIFICATE OF DEATH

	ODICE IN COLLEGE	32 2311 2 1 2	Reg. Dist. No
1. PLACE OF DEATH:	2. USU	AL PESIDENCE (HOME)	
County allegar		newhorn infants give residence o	4 4
City or town	State.	Mary and	OUDLY allegan
(If out de city or town limits, write RURAL	give nearest town)	In A Long	its, write RURAL and give nearest town
ow long in above place of death? Jlyss -/ In	W-	(12 outside city or town limi	its, write RURAL and give nearest town
lospitat, institution, or street address where death occurred:	Street No	Gast	main St.
East Filann	L) Mill		ve LOCATION)
low long in hospital or institution?	2.(a) 11 v	reteran, name war	×
3. (a) FULL NAME	A 4		3. (b) Social Security Number
mary a. Ou	bleet.		
4. Sex -6. Color or race 6. (a) Single, marri	ed, widowed, or divorced	MEDICAL (CERTIFICATION
Gierrala Orfanta de	in ale	DF DEATH 119	148 15
January VIVIII			15.6
S.(b) Name of husband or wile			bove stated; that I attended deceased from
7. Birth date of	and that	last saw h C.Kative on	118
R ACF: Years Months ays If	less than one day	ic cause of death	DUR
8. AGE: Years Months 278	ess than one day	rophy of	war.
51/7	hrsmin.	Numel par	alienta.
9. Birthplace Lunacoung, all	begaring to MA Due to.		0
(Town, county fand state)	111	magnitul a	a males
1D. Usual occupation Storne Ofo:	SRU		
$\alpha \sim 1$	Due 10		••••••••
tt. Industry or business (July Home		***************************************	
E 12. Name COUNTY	Other con	ditions	
\$ 13. Birthplace / Lonacom	29 Wia.	(Include pregnancy within	9 months of dooth)
# 14. Malden name Da ann Cu 91	Hiland		
14. Malden name 2 any 45. Birthplace 2 whatone	Major fir	ndings of operations	
El 15. Birthplace Januarons	vy, min.		Dale of op
16. Informant Melvin Peelle	Autopsy	results	
Address Lange oving	e and PHYSICI	AN: Please underline the cause to	which death should be charged statistically
2		LENCE: Il death was due to external c	ausee, fill in the following:
(Burial, cremation, or removal, Which?)	(month) (day) (year) Accident,	sulcide, or homicide	Date of
11/2/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/		id Injury occur?(City or town	(County) (State)
Cemetery or crematory.	0.1/1		
Location Jouraconing	Injured a	t home farm, industry, public place	(where?)
020 08:01	hans of	Injury	Injured at work?
1B. Funeral director	A 11	010	9
Address Linacani	ug, Vyd	The state of the s	some The N
Nov 20 1048 Journel	1. m(2-0 23. SIG	MTUG:	M. D. or other

FOR BINDING MARGIN RESERVED



BUREAU Y. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

11057

CERTIFICATE OF DEATH

/	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegany	(For newhorn infants give residence of mother)
Cily or town	State und Coyaly allegany
	City or town Cussohesland
low long in above place of death? SI years	(If outside city or town limits, write RURAL and give hearest town)
Hospital, Institution, or street address where death occurred:	Street No. 622 Elin Street
	(If rurol, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James Woodard Peters	The same of the sa
	MEDICAL CERTIFICATION
M W warried	20. DATE OF DEATH November 15 1948 21/0:40
amia M. Peters	21. I CERTIFY that death occurred on the date above stated; that lattended doceand from
(b) Name of husband or wife annie M. Feters	" 1/4 4/ / 1 4/ / 1/ 4/ / 4/ / 4/ 4/ 4/ 4/ 4/ 4/ 4/ 4/ 4/ 4
	and that I last saw halive on
Birth date of deceased (mo., day, yr.) Feb 8 - 1876	
AGE: Years Months Days If less than one day	Immediats cause of death.
77 9 7hrsml	NAME OF THE PROPERTY OF THE
Birthplace Keyser W. Va.	Due 10
(Town county, and state))
). Usual occupation. Railroader Felicles	Due 10
1. Industry or business	- Jan
Peter Poters	
E 12. Name	Dther conditions
13. Birthplace Rouney Was	(Include pregnency within 3 months of deeth)
14. Malden name Natherine Davis	
15 Richalace Roman was	Major findings of operations.
10, Britiplace	Date of op.
16. Informant Turs autilie M. Peters	Actorsy resolts
Address 622 Elm 5t.	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremotion, or removal, Which?) (Burial, cremotion, or removal, Which?) (Burial, cremotion, or removal, Which?)	Accident, sulcide, or homicide
15 510 17 1 1	
Cemetery or crematory Greenmount Cometery	V
Location Cumber land, Md	Injured at home, farm, Industry, public place (where?
1 0 1 11	Means of Injury Injured at work?
18. Funeral director.	
Address Collection and med.	W- CHILLY
M. The state of th	23. SIGNATURE M. D. or other

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Please call 65 when signed.

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BUREAU V. S.

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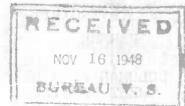
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11058

OPPRIEIGATE OF DEATH

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			(For newborn infants give residence of mother) StateMARYLAND		
City or town	UMBERLAND	MD its, write RURAL and give nearest town)	OT DTOWN	COUNTY	
How long in above place	of death?	DAYS	City or town (If outside city or town lim	its, write RURAL and give nearest town)	
Hospital, institution, or	street address where de	ath occurred:	Street No		
		DAYS	(If rural, gi	ve LOCATION)	
		2012	2.(d) IT veteran, name war		
3. (a) FULL NAM				3. (b) Social Security Number	
	LBERT D.	RADER	_1	The	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		CERTIFICATION	
MALE	WHITE	WIDOWER	20. DATE OF DEATH NOVEMBER	6, 1,48 ,12:45	
		RTSON, GOLDIE	21. I CERTIFY that death occurred on the date a	9.4.8 10 Nov 6 19.5	
	yr.) APRIL		and that I last saw h .fMqalive nn	-V. 6, 6848 19	
8. AGE: Years	s Months	Days If less than one day	Cardian for	Luc	
10-2	WEST VIRG	INIA	Duals Cardy room	w-72L	
9. Birthplace	(2041), 00	dired a marco			
10. Usual occupation	FARMER	•••••	Due to		
11. Industry or busines	SS		Bronchal A	Lehmo	
誓 12. Name S	OLOMAN A.	RADER	Dther conditions		
13. Birthplace	WEST VIR	GINIA	(Include pregnancy within	2 months of dooth)	
# 14. Maiden name.	MATTIE	WESTFALL		a montain of deathy	
X 15. Birthplace		VIRGINIA			
		OSPITAL			
16. Informant		AVE., CITY	PHYSICIAN: Please underline the cause to	which death should be charged statistically.	
Address			22. VIOLENCE: If death was due to external	causes, fill in the following;	
17 Bur	n, or removal, Which?)	Date thereof 10 / 8 1948 (month) (day) (year)	Accident, suicide, or homicide		
		idge Cemetery		n) (County) (State)	
	. /	1-4			
Location .M.C.A.	1 91dy	forn, Md	**	(where?)	
18. Funeral director	John Sy	14-fee	Means of Injury	Injured 21 Work r	
Address Cel	la belle	All rud,	77 1	3 Somm	
TON	8 11.0	On a bout m	23. SIGNATURE	M. D. of other	
19. (Date rec'd by re	0 19 4 X	Registra	124 Usun1	Date signed // / 6/	



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

Reg. Dist. No.

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or fown		URAL and give nearest town)	State		
How long in hospital or	Institution?		***************************************	2.(a) It veteran, name war	
3. (a) FULL NAME				3. (b) Social Security N	lumber
G	earge Re	eidler			
4. Sex	eorge Re	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Sin	gle	2D. DATE OF DEATH NOV. 22 19 48	at.11 A. N
6.(b) Name of husband o	r wife	*************		21. 1 CERTIFY that death occurred on the date above stated; that I attended decea	sed trom
7. Birth date ot deceased (mo., day, yr	July 3	- 1 88	e) If alive, give ageyears	and that I last saw h.imaliDeadNov22	194.8
8. AGE: Years	Months 4	Days 19	If less than one dayhrsmin.	Immediate cause of death Acute dilatation of the hear	t at
	1	P	reserve.	Due to	100001000000000000000000000000000000000
				Other conditions	
13. Birthplace	Lonacor	ning	Md,	(include pregnancy within 3 months of death)	
置 14. Maiden name	Christin	na Boy	d	Major findings of operations	
15. Birthplace	Lonaconi	ng M	d	Date of op.	
16. IntermantMr.S	. Willia	m Rei	d. der	Autopsy results	
Burial (Burial, cremation,	naconing	Date fher	Nov 26, 1948 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremator	oak I	ill C	emetery	Where did injury occur?	(State)
				Injured at home, farm, Industry, public place (where?)	
	~ /V·	0 //	sv.	Moon of laivey Injured at work?	
18. Funeral director			A.M.	Deputy Medical Examiner - Alleg	2.7
	The second secon	/7	45. 21	23. SIGNATUREH. V. Deming M.D. HV. Deming M.D.	TSIVET
19/Low	6 19 48	Tan.	cette m Boal	Address Cumberland Md. Date signed.	1-22-48

DEC 2 1948

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE PLAINLY, is especially

PLEASE

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

95 C

11060

CERTIFICATE OF DEATH

D Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allegany	(For newborn infants give residence of mother)
City or town	State W. Va. County Mineral
M	City or town. Wiley Ford (If outside city or town limits, write RURAL and give nearest town)
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address where death occurred:	Street No
Amcelle Celanese Corp. of Am.	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Adam Earl Robinette	236-14-6639
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. NOV. 23 19. 48.8.55 PM
6.(b) Name of husband or wife Gladys Timbrook Robinette	21. I CERTIFY that death occurred on the date above staled; that I attended deceased from
	19
7. Birth date of	and that I last saw h. im. Dead. Nov. 23 19.48.
deceased (mo., day, yr.) Dec. 30- 1904 8 AGE- Years Months Days If less than one day	Immediate cause of death
o. Auc.	(right)Coronary occlusion at once
43hrsmin.	
9. Birthplace	Due to arterio-coronary sclerosis
1D. Usual occupation Process worker	
	Due to
11. Industry or business Celanese Corp. of Am.	
12. Name John W. Robinette	Other conditions
13. Birthplace Cumberland Md.	
E 14. Maiden name Mary Gross	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major fiediogs of operations
15. Birthplace Cooks Mills Pa.	Date of op.
14. Maiden name Mary Gross 15. Birthplace Cooks Mills Pa. 16. Informant Wife) Gladys T. Robinette	Autopsy resolts 25 2bove
	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.
Address Wiley Ford W. Va.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (Date thereof) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Methodist Clin	Whers did injury occur? (City or town) (County) (State)
Location alexansta (b). Va.	Injured at home, farm, industry, public place (where?)
// / / / /	
18. Funeral director Anne Scarpelle	Soputy Medical Examiner - Arregary
Address Mumberlay 1984.	23. SIGNATURE H. V. Deming M. D. H. V. D. S. Cher
19. (Date ree'd by registrar) (Date ree'd by registrar)	Address Cumberland Md. Date signed 11.24-48.



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every item of information carefull ite the causes of death clearly and

ADING INK. Physicians: p

PLAINLY, is especially

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MARGIN

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

g. Dist. No.

ŀ	,	Reg. Dist. No
	1. PLACE OF DEATH: County Oligany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
	The state of	State marriand county allegam
	City or town (If outside city or town limits, write RURAL and give nearest town)	town to do to
l	How long in above place of death? 40 310.	City or town
l	Hospital institution, or street address, where death occurred:	Street No. 52, averille ave.
	32) arem are.	(If rural, give LOCATION)
	How long in hospital or Institution?	2.(a) It veleran, name war
	3. (a) FULL NAME Emmanuel Roso, Ros	3. (b) Social Security Number
l	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	a l Wit Wi	0
١	The Time Transing	20. DATE OF DEATH SON 1948 at 2
1	6.(6) Name of husband or wife ham 6 Hening	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
		10-14-1946 to Kap, 16 19
	7. Birth date of	and that I last saw h alive on M
	deceased (mo., day, yr.) 20 1869	Immediate cause of death DUR/
	8. AGE: Years Months Days It less than one day	congestion break prhing Gen
	79 0 26min.	
	Red 12/21/11 Par	- A lund to be black 200
l	9. Birthplace (Town, county, and start)	Due to Additional Company
	for a contract	
	10. Usual occupation.	Oue to
	11. Industry or business	
١	12. Name Street 13. Birthplace	Other conditions
١	13. Birthplace	
ļ		(Include pregnancy within 3 months of death)
I	14. Maiden name Harmah Inc Hisrael 15. Birthplace	Major findings of operations
1	E 15. Birthplace	Date of op.
-	Bais man Ettel Rose	Autopsy results
1	16. Informant	PHYSICIAN: Please underline the cause to which death abould he charged statistically.
١	Address & monthstand	22. VIOLENCE: If death was due to external causes, fill in the following;
Į	(Burial, cremation, or removed, Which?) Date thereof	Accident, suicide, or homicide
Į	(Burial, cremation, or removed. Which?) Date thereof. (month) (day) (year)	
l	Cemetery or crematory All Felles & Lands Clary	Where did injury occur? (City or town) (County) (State)
I	Location a frankesland	tnjured at home, farm, Industry, public place (where?)
I	4 · H · a	Maans of Injury Injured at work?
I	1B. Funeral director Theo della Jose	(120 \ 11.)
I	Address bunkerland.	(Mun MI)
I	The last mix	23. SIGNATURE M. D. of other
	19. (Date rec'd by registrar) Registrar	Address I grune 1 Date stoned
ı	I france to a by a believe to the second	

that f attended deceased from DURATION leath,

SA

NOV 23 1948

BUREAU V. S.

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PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly an

PLEASE WRITE

BINDING

FOR

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

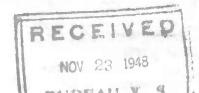
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11062

CERTIFICATE OF DEATH

Par Diet No.

		CERTIFICA	TE OF DEA	1111	Reg. Dist. No	7
1. PLACE OF DEA	ATH: ATJEGANY		2. USUAL RESID	ENCE (HOME) Ol	F DECEASED:	
		write RURAL and give nearest town)			intyALLEGANY	
	MEMORIAL	eath occurred: HOSPITAL	Street No. THE	E DINGLE (If rural) give		mest town)
How long in hospital or	Institution?LO.	DAYS	. 2.(a) If veteran, name	war		
3. (a) FULL NAME	RICKA RO	SENBAUM			3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		MEDICAL CI	ERTIFICATION	
FEMALE	WHITE	WIDOWED	2D, DATE OF DEATH	NOV.18	1948	3.1:25A
		N ROSENBAUM 6.(c) If allve, give ageyear	Nove	neter 8 19	ove stated that I attended deces	W 1619 78
	m) DEC 114	1853	Immediate cause of d	leath		DURATION
8. AGE: Years	Months	Days If less than one day	u	rémia		10 day
9. Birthplace	Town,	ettimore, Maryau	Due to Sie	wall zed 1	To fere or clare	9
1D. Usual occupation	HWFE		Bus to Zura	is Juin	sur -	14 dry
	saac Ro	nown Nathan		· · · · · · · · · · · · · · · · · · ·		
HI 14. Malden name. 15. Birthpiace	Carrie	Stein Nation		lude pregnancy within 3 r	months of death)	*)
2 15. Birthplace	Q212C				Date of op	
16. Informant	MEMORIAL	HOSPITAL	Aotopsy resolts PHYSICIAN: Please	ooderline the cause to wl	hich death should be charged	statistically.
	, or removal. Which?)	Date thereof 11-19-48 (month) (day) (year)	Accident, suicide, or h		uses, fill in the following;	
Location	Cur	mberland, Md.	Injured at home, farm,	, Industry, public place (wi	here?)	
18. Funeral director	form 6.	and pil		Jan 10.1	Jacobs	hes
19. Alto 19	(gistrar) 19 48	W.f. Jang M.A. Registra	23. SIGNATURE	Burling	M. D.	1/18/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932 11063,

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Meryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 2.(a) If veteran, name war 3. (b) Social Security Number None MEDICAL CERTIFICATION
Female White Widowed	20, DATE OF DEATH NOV. 13, 19 48 at 7'5 P
8.(b) Name of husband or wife David W. Ryan 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Oct. 17, 1871	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from 1946 to 155 1948 and that I last saw h. 21 alive on 1948 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Impocardial failure 3/2/113
S. Birthplace	Due to. Due to. Differ conditions.
14. Malden name Mary Roby 15. Birthplace Penna.	(Include pregnancy within 3 months of death)
16. Informant Mr. Benjamin Ryan Address 750 Maryland Ave. Cumberland, Md. 17. Burial Date thereof Nov. 16, 1948 (Burial, cremation, or removal, Which?)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. Camp Hill Cem. Location Paw Paw, W. Ve.	Where did injury occur?
18. Funeral director. H. Wayne George Address Cumberland, Md.	Means of injury injured at work? 23. SIGNATURE
19. (Dute rec'd by registrar) 18# M. D. M. D. Registrar	Address 10 S. Ceretie St. Date signed 11-15-48

BINDING FOR MARGIN RESERVED

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NOV 23 1948

BUREAU Y. S.

m torporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11065

CERTIFICA	TE OF DEATH Reg. Dist. No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALLEGANY	Slate MARYLAND County GARRETT
City or town CUMBERLAND MD. (If outside city or town limity, write RURAL and give nearest town)	" Xu Ma 1 to Nu
How long In above place of death? 5 days	(If outside city or town limits, write RURAL and give nearest town)
low long in above place of death	
MEMORIAL Lospital	Street No
low long in hospital or institution?	2.(a) If veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
1.000	
OSCAR TASINES 1. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	Mil
5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	20, DATE OF DEATH NOVEMBER 10 148 at 10:4
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	1 Sax. 46 19 10 60 mm 19
	ars and that I last saw h. Ana alive on
7. Birth date of deceased (mo., day, yr.) NOV 24, 1939	
B. AGE: Years Months Days tiless than one day	Immediate cause gi death
5. AUL:	Serkemi, melore 8 m
1 / / / / / / mm	III.
Birthplace MARYLAND, Swallow Jalls, Garres	C Sup to
(Town, county, and state)	
D. Usual occupation Student	Bue to
11. Industry or business	
12. Name OSCAR SINES, AV Swallow Falls 13. Birthplace MARYLAND Swallow Falls	Dther conditions
13. Birthplace MARYI. AND, Swallow talls	(Include pregnancy within 3 months of death)
14. Malden name MURIEL PHILLIPPI 15. Birthplace Samascus, Viginia	Major findings of operations
15. Birtholace Sama was Virginia	
=1 15. Birinpiace O Humanuck, VVI Tomas	Date of op.
16. Interment Opean Jenes, As	Autopsy results
Address Swallow Fally Md	
10 10	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereof (mg/nth) (day) (syar)	Accident, suicide, or homicide
O Sur Nines (14)	Where did Injury occur?
Cemetery or crematory	
Location Moderate Mico	Injured at home, farm, industry, public place (where?)
Emper Bulding	Msens of tnjury Injured at work?
18. Funeral director.	14 00/ 400
Address Garland Mich	22 SIGNATINE W alked Vm Ormer
Tail 1) 48 111 P Trant M.	23. SIGNATURE M. D. or other
19, Ox. 13 18 t W. Oxanty Registrar) (Date rec'd by registrar) Registr	rar Address Cumfeled, myle Bate signed 12 Am

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11966

,		CERTIFICA	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State WEST VIRGINIA County City or town CABINS, W.VA. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.			
How long In above place Hospital, institution, or Mow long in hospital or	EGANY IMBERLAND utside city or town lic of death? street address where d EMORIAL Institution?	HOSPITAL				
3. (a) FULL NAMI		CREAD ERNES	3. (b) Social Security Number			
4. Sex MALE	5. Color or race WHITE	S. CREAD ERNES 6.(a)Single, married, widowed, or divorced SINGLE	MEDICAL CERTIFICATION 2D. DATE DF DEATHNOVEMBER			
1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 3 hrs. min. 9. Birthplace CUMBERLAND MD (Town, county, and state) 10. Usual occupation 11. Industry or business 11. Industry or business 12. Name CREAD D. SIONS 13. Birthplace WEST VIRGINIA 14. Maiden name VESTA M. WOLFE WEST VIRGINIA 15. Birthplace WEST VIRGINIA 16. Informant MEMORIAL HOSPITAL MEMORIAL AVE., CITY Address MEMORIAL AVE., CITY 17. Burial, cremation for removal Which?) Cemetery or crematory (month) (day) (year) Cemetery or crematory (month) (day) (year) Location Memorial director Address			Due to. Other conditions (Include pregnancy within 3 months of death)	DURATION Y		
			Major fiudiugs of operations	(State)		



NOV 9 1948.

Registrar

Date stgned

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town /mits, write RURAL and give nearest town) 3. (b) Social Security Number 214-05-5169 MEDICAL CERTIFICATION 21. I CERTIEY that death occurred on the date above stated; that Lattended deceased from DURATION (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death shuuld be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (County) (State) injured at work?



MARYLAND STATE DEPARTMENT OF HEALTH

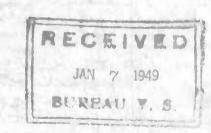
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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A · I	ullin	R	

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
County	State Jud county allegans
(If outside city or town limits, write RURAL and give nearest town)	City or town Cresastown
How long in above place of death?	(If outside city or town thits, whe RURAL and gire nearest town)
Winchester Good	Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Sunon	stagge Hone.
4. Sex 5. Color or race, 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
male while married	2D. DATE OF DEATH. 40 15 19 48 12:10 A.
6.(b) Name of husband or wife Ida Dawson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jyt, 1912 to Mr. 15 19 85
I. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If tess than one day	Immediata cause of death DURATION
84 5 29hrsmin.	- Sand
Kensey Tunesa Co. W. 76.	Que to carlinghating 2 year
(Town, county, and atate)	heart down
10. Usual occupation Farmer	Due to
11. todustry or business Jeweral Farming	
12. Name Michael Staggs 1. 13. Birthptace Rouney W. Sa.	Other conditions frankling of when solve a the
	(include pregnancy within 3 months of death)
14. Malden name Salina Hickongu 15. Birthplace Rombey W. Va.	Major fiediogs of operations.
2 15. Birthplace Rowley W. Ta.	Date of op.
16, Informant	Actopsy resolts
Address Gesafelowh und.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof Mov 17.1948	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day)) (year)	Where did injury occur?
Cemetery or crematory	
Location Weat Cumulation	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director	Messile of topol
Address Cimberland, Hurd.	22 SIGNATURE (MM)
1 Nov. 17 w 48 M. Funnerta	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address OG Yusus Date signed 1 10



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11069

CEPTIFICATE OF DEATH

CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH County	City or town(If outside city or town limits,	write RURAL (nd give rearest town)
3. (a) FULL NAME West Steyer		3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced Warred	MEDICAL CE	RTIFICATION 8 12:25 F
6,(b) Name of husband or wife Artic Admin Sley of Second Second (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace (Town, Jounty, and atate) 10. Usual occupation. 11. Industry or business (Property of Second Se	21. I CERTIFY that death occurred on the date above and that I last saw has alive on the last s	DURATION
16. Interment Address Address Date thereof Computer (north) (day) (year) Cemelery or gregatory Address Address (north) (day) (year)	Antopsy results PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: If death was due to esternal caus Accident, suicide, or homicide	ich death should be charged statistically. ses, fill in the following: Date of
18. Funeral director. A success California Made	Injured at home, farm, Industry, public place (whe Means of Injury)	
10 Nov. 30, 1948 W.K. Nauls 11.2	Compare	Pate signed hr 29

M. A. Registrar

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WITH UNFADING INK. Supply every i important. Physicians: please write the

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

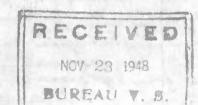
11070

CEDTIFICATE OF DEATH

			CERTIFICA	IE OF DEATH	Reg. Dist. No	<i>T</i>
How long in above place of Rospital, institution, or some MEMOR How long in hospital or 3. (a) FULL NAME	EGANY IBERLAND Itside city or town to death? 2 street address where IAL HOS Instilution?	MD Montes F 69 Yea: death occurred PITAL 2 DAYS	3	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of MARYLAND State CUMBERLAND (if outside city or town limits Street No. 122 VIRGINIA (If rurai, give 2.(a) If veteran, name war	s, write RURAL and give ne AVE. LOCATION) 3. (b) Social Security	Number
	HARRY				705 10 7912	
4. Sex MALE	5. Color or race WHITE	6.(a)Singi	e, married, widowed, or divorced WIDOWER	MEDICAL CI	ertification 2, 1948	, 2:00A
6.(b) Name of husband of the first date of deceased (mo., day, yr		6.(DAVIS c) It alive, give ageyear 5 , 1867	21. I CERTIFY that death occurred on the date above and that I last saw harmalalive on	12/48	ΥΥ 1919
8. AGE: Years	Monthe 390	Days 23	it less than one dayhrsmin.	Mrema,		2 who
1B. Usuat occupation 11. tndustry or business 2 12. NameJ.A.	MES STO	EDRERD	ABETH	Bue to	months of death)	
14. Maiden name		gland		Major findings of operations		
16. Informant MEMORIAL HOSPITAL Address MEMORIAL AVE., CITY 17. Burial Bate thereot Nov. 14, 1948 (Burial, cremation, or removal, Which?) (month) (day) (year)				Antopsy results PHYS1C1AN: Please underline the cause to w 22. V10LENCE: If death was due to external cause.	hich death should he charged usee, till in the following;	statistically.
(Burial, cremation, or removal, Which?) Cemetery or crematory Cumberland, Maryland Location William H. Kight				Accident, suicide, or homicide	(County)	(State)
Address Cum	berland, 4 1948	Marylar 	A. Frank, M.	23. SIGNATURE Address Address	Man M. D. M. D. M. Date signed	or other / / / / / / / / / / / / / / / / / / /

NOV 23 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 4

1. PLACE OF DEATH: County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 859 Camden Ave. (If rural, give LOCATION)			
How long in hospital or institution?		2.(a) If yeteran, name war			
3. (a) FULL NAME		3. (b) Social Security Number			
Annie L. We			None None		
4. Sex 5. Color or race 6.(a)Single, marr	ied, widowed, or divorced	MEDICAL CE	RTIFICATION		
Female White Wide	owed	20. DATE OF DEATH NOV. 8.	19. 48. 21		
S.(b) Name of husband or wite Charles A. S.(c) If all		21 T DERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Birth date of deceased (mo., day, yr.) July 30, 1866		and that I last saw h			
o. Aul.	less than one dayhrsmin.	Factor O			
9. Birthplace		Due to	/ famos hay e		
		(Include pregnancy within 3 m	onths of death)		
14. Malden name Elizabeth Thres 15. Birthplace Unknown	sher	Major findings of operations			
16. Informant Mrs. W. Carl Rich: Address 859 Camden Ave. Cumb					
	Nov. 10, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Oate of		
Location Cumberland, 1					
18. Funeral director Charles L. Go	eorge	Means of Injury	Injured 2t work?		
19. / Date rec'd by registrar)	Trank M. J.	23. SIGNATURE Address the Land	M.B. or other		

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 16 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No			
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	City or town. County ALLEGANY City or town. Clarent County Count			
MEMORIAL HOSPITAL How long in hospital or institution? TWO DAYS	Street No			
3. (a) FULL NAME MRS. ISABELIA WORGAN	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	The state of the s			
FEMALE WHITE MARRIED	MEDICAL CERTIFICATION 20, DATE OF DEATH NOVEMBER 12, 19 48, 216:4			
6.(b) Name of husband or wife HUBERT WORGAN 6.(c) If alive, give age 75 years 7. Birth date of deceased (mo., day, yr.) APRIL 19. 1877	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.			
8. AGE: Years Months Days If less than one day	Immediate cande of death			
71 6 23hrsmin.	- Lend During			
9. Birthplace MARYLAND (Town, county, and state) 10. Usual occupation HOUSEWIFE 11. Industry or business	Due to Due to			
12. Name JAMES NELSON 13. Birthplace MARYLAND	Dither conditions			
	(Include pregnancy within 3 months of death)			
FLORA SINCLAIR 14. Maiden name MARYLAND	Major fiadings of operations			
16. Informant MEMORIAL HOSPITAL	Antopsy results			
Addresa MEMORIAL AVE., CUMB., MD.	22. VIOLENCE: If death was due to external causes, fill in the following;			
Date thereof Date	Accident, suicide, or homicide			
Location livestern sort My	Injured at home, farm, Industry, public place (where?)			
18. Funeral director.	Meens of Injury Injured at work?			
Address Westernport, Add.	23. SIGNATURE M. J. J. J. M. D. or other			
19	Address & Mules and Date signed 11/12			

19 48 46:45p.

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NOV 23 1948

BUREAU Y. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

corpo, ate limits 2411 N. Charl	EPARTMENT OF HEALTH les St., Baltimore TE OF DEATH Reg. Dist. No. 4		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. MARYLAND. County. ALLEGANY. City or town. CUMBERLAND. (If outside city or town limits, write RURAL and give nearest town) Street No. 404 MARYLAND. AVE. (If rural, give LOCATION)? 2.(a) It veteran, name war.		
3. (a) FULL NAME Belle	3. (b) Social Security Number None		
CLARA YERGAN 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced FEMALE WHITE WIDOWED	MEDICAL CERTIFICATION 9:43		
6.(6) Name of husband or wite	and that's last eaw harmalive on 19, 48 19. Immediate cause of death DURATIO		
9. Birthplace Cumberland, Allegany, Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Name GEORGE W. MARVIN 13. Birthplace Dabbury, Mconn. 14. Maiden name SARAH William 15. Birthplace Cumberland, Maryland	Due to Diher conditions		
2 15. Birthplace Cumberland, Maryland 16. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD.	Actopsy resolts		
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Location Bumberland, Md. 1B. Funeral director Address Cumberland, Maryland 19. (Date rec'd by registrar) Date thereof. Nov. 12, 1948 (month) (day) (year) (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide		



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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	D: .	D.T.			4	
eg.	Diat.	140.	 		h	

	rlea St., Baltimore 13/9 11/175		
CERTIFICA	TE OF DEATH Reg. Diat. No		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. MARYLAND County GARRETT City or town GRANTSVILLE (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long in hospital or institution?3. d.ay.5.	3. (b) Social Security Number		
	Man e		
EDWARD M. YODER 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE MARRIED	2D. DATE OF DEATH NOV 15., 19.48 21. 1.:		
8. (b) Name of husband or wife ANNA E BEACHY 7. Birth date of deceased (mo., day, yr.) AUG 7, 878 8. AGE: Years Months Days If iess than one day 70 3 5 hrs. mir 9. Birthpiace MARYLAND Canada State) 10. Usuai occupation Augusta State 11. Industry or business Augusta 12. Name MOSES E YODER 11. Industry or business Augusta 12. Name MOSES E YODER	Immediate cause of death DUR/		
14. Maiden name CAROLINE BEACHY 15. Birthplace 16. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD. 17. Burnal Cremator, or removal Which?) Cemetery or crematory Carea and Company Co	Major fiudings of operations		
18. Funeral director William Wasturley Address Strauteville Mary land 19. Date ree'd by registrar) Registrar	Means of Injury 23. SIGNATURE D. Och E.		

MARGIN RESERVED FOR BINDING

NOV 23 1948

BUREAU V. S.